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The Rise and Development of the American Medical Periodical 1797-1850

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Introduction

Aims and limitations of this investigation

THIS essay will present a historical narrative of medical journals published within the boundaries of the United States before the year 1850. It attempts to depict the evolution of American medical thought as portrayed in periodical literature with its subsequent influence upon the medical profession and society. Periodicals reflect contemporary ideas and therefore provide the most valuable history of any time. They are not substitutes for books, but they detail tendencies and introduce ideas which may be clarified or expanded in longer treatises.

The period before 1850 was chosen because it was during that time that the American medical journal came into its own. In the beginning, American medical literature consisted of reprints, translations, or imitations of European counterparts. The advent of medical societies in America, combined with the need for better communication among native physicians, produced the first truly American medical periodical literature. Through these years arose demands for definitive ethics in practice, medical legislation for the protection of patient and physician, and the reorganization, expansion, and adjustment of medical education. Quasi- and pseudo-scientific faddism flourished; quackery and the scientific method, equally divided, were tenacious opponents. Allopath, naturopath, and homoeopath alike struggled for general acceptance. Here, too, was the birth of public interest in health, when diet, fresh air, exercise, "good-clean-living" were the panaceas of the world's ills. The first half of the nineteenth century witnessed startling advances in surgery, and improved methods of diagnosis and therapeutics far exceeding the rate of progress of the past. Medicine was rapidly forging ahead and establishing itself as a true science.

Previous studies in this field

Various researches have been made in the realm of serial publications, but most of these have been limited or incomplete. Fielding H. Garrison published

an invaluable study of medical and scientific periodicals of the 17th and 18th centuries, but his failure to go beyond 1800 leaves a considerable area to be explored. This work was an attempt at a broad and scholarly presentation of publications of scientific societies and independent publishers of the Western Hemisphere. Henry Bolton's *Catalogue of scientific and technical periodicals, 1666–1895*, is a very extensive list and contains titles in the fields of biology, anatomy, and physiology, but excludes the journals of clinical medicine, as well as many short-lived and less prominent titles. A similar and very important work is the list of medical periodicals emanating from the entire British Empire for the years 1684 to 1938 by William Le Fanu. For American journals there is the significant compilation by John Shaw Billings for titles issued prior to 1878, and the interesting and informative article by Victor Robinson dealing with those more important titles published before 1822. Philip Hamer presented a historical sketch of medical journals originating in Tennessee before the Civil War, while Edgar Erskine Hume, Jonathan Forman, and Horace M. Simmons did similar services for early medical journals published in Kentucky, Ohio, and Maryland, respectively. Of this group, only Hume's is at all complete. The historical survey of American dental periodicals published from 1839 to 1875 by William Trueman and Thomas Bradford's description of homoeopathic journals of the United States only partially cover their subjects. Brief attention is given to serial literature of this country by Samuel Gross and Henry Shafer in their works, but no really extensive investigation of the American medical journals that arose during the formative years of this nation has ever been made.

Methods employed

To obtain all the titles published during this period, Gregory's *Union List of Serials*, 2nd edition, was examined. The result was augmented and revised, using the lists of Garrison, Billings, Trueman, Bradford, and the first three series of the *Index-catalogue of the Library of the Surgeon-General's Office* to make a total of nearly 250 entries. The titles procured were listed in a chronological order for the running history and the appendix. Wherever possible the entries have been verified by personal examination, using the extensive holdings of the New York Academy of Medicine, but when this procedure was not feasible, the titles were substantiated by accepted authorities in the field. The narrative, however, is the result of personal examination, which revealed those titles which were most indicative of the progress of medicine. These selected journals were then analyzed and their contents presented in a running description of the period.

Perhaps it would be advisable to define the terminology used throughout this study, to explain simply the usage of words in serial publications. Mott[1] suc-

[1] Mott, Frank L. A history of American magazines, 1741–1850. New York and London, D. Appleton & Co., 1930. v. 1, p. 5–6.

cinctly defines "periodical" as an issue of more or less regularity; a "magazine" is a "bound pamphlet" issued more regularly and contains a variety of reading matter with a strong connotation of entertainment—a "magazine or storehouse." The "journal" originally meant "daily" being related etymologically to the word *diurnal*, but is now of broader application than the word "periodical,"—"the term usually connotes a more serious or technical publication. . . . as learned and professional journals."[2]

The background—or ante-American journalistic era

Of all the literature that floods the world today, probably no discipline can claim the volume that is the boast of the medical field, especially that phase of publication known as the periodical. Every nation is represented in some form of serial—a journal, a hospital bulletin, or official report of a local or national government agency.

Despite this volume, the medical periodical has a relatively recent history, having been originated in the seventeenth century, but growing so rapidly as possibly to surpass all other subject fields. Its beginning lies in the mass of periodical literature that was the natural outcome of the rise in scientific societies and news-bulletins, answering the demand of a learned profession and a populace growing in curiosity and literacy and no longer in dread of religious restriction. Garrison has aptly stated that "the pedigree of the scientific periodical is out of the scientific society by the newspaper, and the latter derived from the fugitive 'news-letters' and broadsides which were published at odd intervals during the 16th century."[3] The news-bulletin dates back to the *Acta diurna*, or "Daily Doings" of Rome, a political bulletin which presented sporadically to the public brief reports of games, elections, battles, and such events during the fourth century up to the fall of the Western Empire (476 A.D.). The earliest known periodical newspaper of definite continuity, as distinguished from the fugitive, ephemeral news-letter sheets, was the *Mercurius Gallo-Belgicus*, started in Cologne (1594) covering European news from 1588 to 1594, but was subsequently transferred to Frankfort on the Main, where it remained current until 1630. The Royal Society of London (1660), formerly the "Invisible College" (1645), published its Journal Book which merging into its famous *Philosophical Transactions* was the earliest substantial serial publication of scientific knowledge. The *Journal des sçavans* (Jan. 5, 1665) was the first independent scientific periodical.[4]

To the French also goes the credit for establishing the first purely medical

[2] *Op. cit.*, p. 8.

[3] Garrison, Fielding H. Journalism, medical. *In* Reference handbook of the medical sciences. 4th ed. New York, William Wood, 1923. v. 5, p. 706.

[4] Garrison, Fielding H. Medical and scientific periodicals of the 17th and 18th centuries. With a revised catalogue and checklist. Bulletin of the Institute of the history of medicine, *2:* 285–343, 1934.

journal, as well as the first of its kind printed in the vernacular. This was the *Nouvelles découvertes sur toutes les parties de la médecine*, edited by Nicolas de Blegny, in Paris, from 1679 to 1681.[5] Thomas Wakley, the founder of the long-run, famous *Lancet*, is considered the father of medical journalism as an agency in the organization and direction of public opinion and of legislation. His journal was devoted to the circulation of abuses within the profession, thus setting the style for subsequent ventures in the field of periodical publications.

In America the physician who wished to report his cases, observations, or opinions was compelled to submit his writings to European journals, some of which were translated and reprinted in this country. An early example of this is the *Journal of the practice of medicine and surgery and pharmacy in the military hospitals of France*, annotated from the French by Joseph Browne, a reprinted translation of *Journal de medecine militaire* (Paris, 1782–1788).[6] The first volume was published in New York about 1790. Mostly, the American doctor presented his work to periodicals other than medical. The *Memoirs of the American academy of arts and sciences* contain many of the first American medical contributions. The *American museum*, *Philadelphia monthly magazine*, and *Royal American magazine* did much in spreading popular medical knowledge.[7] The great plague of Philadelphia and quaint and curious health hints are especially prevalent in these journals. However, with the appearance of the *Medical Repository*, the American medical journal was inaugurated.

The American Medical Journal—Its Story

The nativity of American medical journalism was accomplished through the combined efforts of three energetic young New York physicians: Samuel L. Mitchill, Columbia College, Edward Miller, 158 Broadway, and E. H. Smith, 45 Pine Street.[8] Samuel Latham Mitchill (1764–1831), the most famous of the editing triumvirate, had a distinguished and varied career, with a wide breadth of interests. He was a member of Congress, both as representative and senator, was deeply interested in botanical gardens, philosophical and literary discussions (he wrote of the "Nautilus" as did Oliver Wendell Holmes, but lacked the latter's poetic genius), reveled in attending public functions, was guest of honor on Fulton's "Folly," opened the Erie Canal with DeWitt Clinton, but distinctly disliked medical practice! He was still in his twenties when he became professor of botany, agriculture, natural history, and chemistry in Columbia College, and delved into zoology, geology, and anthropology as well. Mitchill was among the first to investigate American aborigines and conditions of the deaf and dumb in this country. His studies on fishes had caused him to be con-

[5] *Ibid.*

[6] Garrison. Journalism, medical, p. 707.

[7] Mott. *Op. cit.*, p. 149.

[8] Signatures on circular announcing forthcoming publication. Prospectus, Nov. 15, 1796.

sidered Father of American Ichthyology.[9] Edward Miller (1760–1812), senior member of the group, was also professor at Columbia College, holding the chair of Practice of Physic. He was an earnest practitioner of medicine, with a great interest in fevers, and his writings were almost exclusively of the dread American disease of his period, yellow fever. The third member of the illustrious trio, and youngest, was Elihu Hubbard Smith (1771–1798), who originally conceived the idea of a medical journal, persuaded Miller to join him, then the two of them enticed Mitchill into the project. Smith was a precocious youth, who entered Yale at the age of eleven, was graduated at fifteen, and began the practice of medicine at nineteen. He was widely known in literary and medical circles, and respected and admired for his diagnoses as well as his poems. He edited the American edition of Darwin's *Botanic Garden*, wrote a three-act opera entitled "Edwin and Angelina, or the Banditti" and many essays on yellow fever, which disease took his life at the age of twenty-seven, while his journal was only in its second volume.

The first issue of the *Medical Repository* appeared July 26, 1797, from the press of T. & J. Swords. It was met with immediate and gratifying response from the medical profession and even eminent laymen rallied to its support as contributors and subscribers; these latter had in their ranks such names as DeWitt Clinton and Noah Webster, Benjamin Rush, Philip Syng Physick, and Elisha Perkins, inventor of the wonderful Metallic Tractors. Robinson says, referring to the last three mentioned, "Thus in at least one instance, the Father of American Medicine, and the Father of American Surgery, found themselves in the same boat with the Father of American Quackery."[10]

There was much amusing and valueless in the *Repository*, but it is important in that it gave the American physician his first source of medical news and information and set the example. With the success of the *Repository*, other journals began until by the year 1850 over 200 titles had appeared.

Within its pages could be found tables of meteorological observations, articles on bloodletting, and the raising of blisters as efficacious means of combating disease, on geology, and natural history, with extensive reviews of other medical publications and news notes. It did produce some really important "firsts," such as John Otto's "An account of an hemorrhagic disposition existing in certain families,"[11] our first description of hemophilia, and John Stearn's momentous introduction of the use of ergot in childbirth.[12] A running discussion on the doctrine of phlogiston courses through several volumes with Joseph Priestley taking the affirmative side. Other famous contributors were Noah

[9] Robinson, Victor. The early medical journals of America. Medical life, *36:* 553–606, 1929, p. 558.

[10] *Op. cit.*, p. 555.

[11] Medical Repository, *6:* 1–3, 1803.

[12] *Ibid.*, 2d Hexade, *5:* 308–9, 1808.

Webster, Benjamin Waterhouse, Philip Syng Physick, Benjamin Rush, and Valentine Seaman. An early interest in public health and welfare can be detected in the urgings of Mitchill, leading a group of interested laymen, for legislation of health control. The subsequent act of Congress respecting quarantine and health laws, providing for protection against infections and pestilential disease, was passed the 30th of March, 1798.[13] An interesting tabulation of cases received in New York Hospital appeared each month with such informative conclusions as "cured, relieved, died, discharged, disorderly [i.e., still sick], eloped—." This notable quarterly proved so popular that it ran through twenty-three volumes, ceasing in 1824.

The *Medical Repository* was the sole representative of our periodical professional literature during the 18th century and several years elapsed in the 19th before the second journal appeared. Though Philadelphia led the nation in size and importance, in culture, commerce, and medicine, the disastrous yellow fever, lasting for several years beyond 1793, so devastated that renowned metropolis that it fell from prominence. Whereas this city could boast of the first dispensary, the first medical school and medical library of the country, it was New York that saw the publication of our first medical journal, and it was fully seven years later that the competitive urge stirred the Quaker City and brought forth this nation's second and third medical periodicals.

Our second journal was the *Philadelphia Medical Museum*, also a quarterly, established by John Redman Coxe in 1804. Coxe, besides being the founder of medical journalism in Philadelphia, was also a primary instigator in the creation of the Philadelphia College of Pharmacy, an ardent believer in the vaccination, and the owner of the largest private library in the country—about 1500 volumes. He was also professor of chemistry, materia medica, and pharmacy at the University of Pennsylvania. Though he was considered one of the most scholarly physicians of his era, as time advanced he remained stationary, intellectually speaking, and despite the proximity of his extraordinary library, he used it to propound the knowledge of the past rather than to cast a light for the future, writing voluminous treatises to prove his point. Coxe died at the age of ninety "but was obsolete two generations before his death."[14]

The *Philadelphia Medical Museum*, beginning Sept. 17, 1804 and ending 1811, contains little of lasting interest. Its pages are permeated with writings on yellow fever, a naturally prominent subject of that period, with Benjamin Rush contributing much of his theories and reports on the disease.

Two months after Coxe started his journal, Benjamin Smith Barton established the *Philadelphia Medical and Physical Journal*, which was issued at irregular intervals, in sections and with supplements, from November 1804 to May 1809. Barton himself was famed as a botanist. His *Elements of Botany* was

[13] *Ibid.*, *2:* 463–4, 1799.

[14] Robinson, *Op. cit.*, p. 564.

the first American work on the subject, and his *Essay Towards a Materia Medica of the United States* earned him the title, Father of American Materia Medica.[15] His journal was not well conducted and so adds nothing to his reputation and very little to early American literature.

The first medical journal published in Boston and the fourth in the United States was the *Medical and Agricultural Register*, edited by Daniel Adams. This title, beginning in January 1806 and lasting for only 24 monthly parts, contains more of the subject of agriculture than of medicine, with such homey little items as recipes for home brew and home-made wine. It does lay claim for at least one milestone in the history of American medicine by introducing the first description of epidemic cerebrospinal fever in the article by Drs. L. Danielson and E. Mann, "A history of a singular and very mortal disease which lately made its appearance in Medford (Mass.)."[16]

Baltimore was the next city to feel compelled to publish medical journals and set the stage by offering Tobias Watkins' *Baltimore Medical and Physical Recorder*, the country's fifth medical journal. However, Baltimore seemed destined to produce only short-lived journals as Watkins' periodical existed for only two volumes, from April, 1808 to August 1809. This was closely followed by Nathaniel Potter's *Baltimore Medical and Philosophical Lyceum*, surviving only from April to December, 1811, while Davidge's *Baltimore Philosophical Journal and Review*, which despite its name was devoted to surgery, succumbed after one number, July, 1823.

In 1809 the *New York Medical and Philosophical Journal and Review* appeared. Though no editors are noted on the title page, a perusal of the contents establishes that they were Benjamin DeWitt and J. Augustine Smith. It was similar in structure and subject to its predecessors, perhaps not so illustrious, but served as a running mate to the *Medical Repository*, which until 1809 was New York's only medical journal. But the *Review* could not keep the pace of quarterly publication, appeared semi-annually, and breathed its last with volume three in 1811.

The second decade of the 19th century saw several more journals begin, but few of them were of any importance. Although a style had been set and merely continued, the American physician was becoming more assured, and finding both his voice and an ever spreading audience eager to receive what words of wisdom or interest he might impart. Generally speaking, the journals of this early period contained a diversity of topics. There were articles dealing with natural history, meteorological subjects, geology, insects, and vegetation of the United States, and—oh yes, medicine. This latter was particularly pointed towards discussions of febrile disease, with case observations and theories,

[15] Armstrong, John M. The first American medical journals. Lectures on the history of medicine, 1926–1932. Philadelphia, Saunders, 1933, p. 357–369, p. 362–363.

[16] Medical and agricultural register, *1:* 65–69, 1806.

extensive reviews of foreign and American publications, miscellaneous news notes and some attempt at reporting hospital and medical statistics. Standards for practice were materializing. Medical schools were growing in size and number, but this was still the beginning.

During the period 1810 to 1820 ten journals emerged. The first, *American Medical and Philosophical Register*, had a distinguished editorial hand, David Hosack, and his former pupil, John Wakefield Francis. Hosack was widely known in New York in his day as a wealthy and genial socialite and the most influential physician of that city. Francis was an early graduate of the College of Physicians and Surgeons and later a professor there. Both men assisted greatly in promoting medical journalism in the United States by maintaining a well conducted quarterly which offers much to us, historically, today. There are lengthy and well written biographical sketches of notable physicians of the period, as well as many reminiscences of New York City, accompanied by fine engraved illustrations and portraits. One such interesting article is the historical sketch of the founding and contemporary activities of the College of Physicians and Surgeons.[17] The *Register* was friendly with the *Repository*, except on the question of the contagiousness of yellow fever, which the *Register* upheld. The argument developed over a severely critical review of Edward Miller's appendix to the *Modern Practice of Physic*, which he edited, and added a supplement expounding his theories on the non-contagious nature of the lethal fever. The *Register* railed against the *Repository* throughout volume two, with the editorial office of the *Repository* firmly adhering to Miller's observations—which were correct in essence, as we learned at the opening of the twentieth century.

The next periodical of the decade was the *Eclectic Repertory and Analytical Reviews*, edited by a "Society of Physicians" in Philadelphia. This journal, running from 1811 to 1821, was not "eclectic" in the sense of sectarian affiliations but "selective," for it existed long before the days of Wooster Beach and his system of "eclectism." Most of its pages contained reprints of outstanding essays of the leading medical men of that and the closely preceding years from England and America. One remarkable exception is the epoch-making communication by Ephraim McDowell of the first ovariotomy performed by him seven years before writing his account, in Danville.[18] This article "gave a new impulse to gynecology, made Ephraim McDowell the Father of Ovariotomy, and conferred immortality upon the *Eclectic Repertory and Analytical Review*."[19]

The next few titles were of relative insignificance. In brief, they were the *Baltimore Medical and Philosophical Lyceum*, mentioned in a preceding paragraph; the *New England Journal of Medicine and Surgery* (1812–1828), another Boston venture and a more successful one; and Valentine Mott's ineffectual

[17] American medical and philosophical register, *4:* 105–152, 1814.
[18] Eclectic repertory and analytical review, *7:* 242–244, 1817.
[19] Robinson. *Op. cit.*, p. 577.

try at editorship, the *New York Medical Magazine* (1814–1815). The *American Medical Recorder*, also of this period and edited by John Eberle, was a much more substantial publication than the preceding titles. This was a well organized journal with contributions from such celebrated personages as John Syng Dorsey, William Edmonds Horner, and James Mease. Abstracts and translations of other journals, reviews, and miscellaneous notes were included. Eberle was no longer editor when William Beaumont, a physician in a remote part of northern Michigan, sent to the *Recorder* his first observations on the "stomach of the fistulous Canadian trapper,"[20] which opened a new field of physiology and initiated the study of gastric function. This essay was erroneously attributed to Surgeon General Joseph Lovell, but the mistake was corrected with a notice in a later issue of the volume with a suggestion for further particulars of the case.[21] The *Recorder* existed for sixteen volumes, merging in 1830 with the *American Journal of the Medical Sciences*.

Two other titles began the same year as the *American Medical Recorder*. The notable *American Journal of Science*, founded by Benjamin Silliman, which exists even today, was (and still is) an excellent periodical with articles on geology, physics, chemistry, mechanics, natural history, entomology, medical botany, and medical chemistry. The second journal, the *Medical and Surgical Register*, lived for a brief single volume, but remains memorable because in its pages Valentine Mott, its editor, tells how on May 11, 1818 he tied the innominate artery—something no man had done before.[22]

The 1820's saw a new upsurge in periodical publication. There is something fascinating about seeing one's name in print, and the early American practitioner was no exception. Journals began to appear rapidly, many to gasp feebly and expire, a few to continue for a span of years, some to merge with other journals. The larger cities of Baltimore, Boston, New York, and Philadelphia no longer held the monopoly as seats of publication. The west—that is, that portion of the nation that we know today as the Middle Atlantic States—was opening, and even the South, below Maryland, was trying its hand. The third decade of the 19th century really opened the flood gates of periodical literature and the printed matter began to stream forth with considerable force and energy.

One of the most noteworthy and the vanguard of this period was the *Philadelphia Journal of the Medical and Physical Sciences*, edited by Nathaniel Chapman and "supported by an association of physicians." This title was published by Mathew Carey and Son of Philadelphia, a firm that has given great impetus to publishing in the medical field and whose proprietor is responsible for magazine production in his own right. Chapman created his journal to refute the dis-

[20] American medical recorder, *8:* 14–19, 1825.

[21] *Ibid.*, p. 840.

[22] Robinson. *Op. cit.*, p. 579.

paraging remark made by Sydney Smith in the *Edinburgh Review*, "In the four quarters of the globe, who reads an American Book? or goes to an American play? or looks at an American picture or statue? What does the world yet owe to American physicians or surgeons?"[23] This quotation was carried on the title page of the *Philadelphia Journal of the Medical and Physical Sciences* as long as Chapman remained its sole editor. His prospectus states firmly: "Next to the invention of the art of printing, periodical publication probably exercises the most beneficial influence in awakening literary curiosity and diffusing knowledge. . . . To the United States, productions of this nature would seem to be singularly adapted. An inquisitive and reading people, we are, however, so widely dispersed as to render access, for the most part, exceedingly difficult to libraries, and other auxiliaries of learning. . . . Ever since the establishment of our Independence, it has become the habit of Europe very wantonly to traduce our national character, our institutions, and achievements. Calumnies from this source have been so long tacitly endured, that they really seem now to be raised, as it were, under the sanction of prescriptive privilege. . . . Even allowing that we are as deficient as is alleged, in literary and other polite attainments, it does not at all militate against our pretentions to genius or to generous views and dispositions. Candidly examined, our history will show, that in whatever course the energies of our people have been directed, there we are eminently distinguished."[24] Chapman achieved and maintained his goal of setting before the world the credit due American physicians, as his periodical, merging in 1828 with the *Philadelphia Monthly Journal of Medicine and Science*, and with the assistance of Isaac Hays, became the *American Journal of the Medical Sciences*, unsurpassed today in the field.

The *New York Medical and Physical Journal* (1822–1830) contained works of Valentine Mott, Samuel Mitchill, David Hosack, John Torrey, Joseph Priestley, and DeWitt Clinton. It was a good publication with the usual style and content of its contemporaries but contributed nothing spectacular. The year 1822 also witnessed the appearance of the *Medical Newspaper; or, the Doctor and the Physician* of Boston; the *Vaccine Inquirer*, from Baltimore; and the first medical journal published west of the Alleghenies. This was the *Western Quarterly Reporter of Medical, Surgical and Natural Science*, a rather futile excursion into the publishing field by John D. Godman, in Cincinnati. The journal lasted only six issues despite the editor's prefatory statements that the *Quarterly Reporter* "will be enriched by many valuable disquisitions on subjects connected with the improvement of the West, and we expect that the patronage of a discriminating publick will enable us to accompany each number with engravings of such objects as are interesting and useful."[25] It contained many

[23] (Sydney Smith.) Review of Statistical Annals of the United States of America, by Adam Seybert. Philadelphia, 1818. Edinburgh Review, *33:* 79, 1820 no. 65, Jan-Mar.

[24] Philadelphia Journal of the Medical and Physical Sciences, *1:* vii–viii, 1820.

[25] Western Quarterly Reporter of Medical, Surgical and Natural Sciences, *1:* viii, 1822.

commentaries and translations of European articles, much on geology and natural history, an interesting denouncement of serious consideration of "phrenology" as an adjunct to science or medicine, and an essay by the editor deploring the practice of medical journals and the profession in cultivating a "jargon" or use of foreign words and expressions in writing and conversation. This affectation "betrays the want of education and their inability to use their mother tongue correctly."[26] And this was over a century ago!

The next year produced the *Medical Reformer*, of New York (1823 only); the *Monthly Journal of Medicine*, Hartford, Connecticut (1823–1835), and the *Boston Medical Intelligencer* (1823–1828), America's first medical weekly. The *Intelligencer*, founded by Jerome F. C. Smith, was bought by Drs. Ware and Channing in 1828, merged with the *New England Journal of Medicine and Surgery* and continued as the *Boston Medical and Surgical Journal*, until 1929 when it became the *New England Journal of Medicine*, a highly reputable publication, respected and beloved by the Boston physician to this day.

After this there appeared in swift succession the *New York Monthly Chronicle of Medicine and Surgery* (1824–1825); the *Carolina Journal of Medicine, Science and Agriculture* (1825–1826), published in Charleston, South Carolina; *Ohio Medical Repository of Original and Selected Essays and Intelligence*, Cincinnati, which was long in title but short in life (1826–1827) and later merged into the *Western Journal of Medical and Physical Sciences;* the *North American Medical and Surgical Journal*, of Philadelphia (1826–1828), mentioned before; and the *American Journal of Foreign Medicine*, published in Boston to present a selection, mostly British, of literature from foreign medical periodicals.

In 1827 there arose another type of medical journal which in this instance created little stir, but was later to be widely imitated and followed. This was the *Medical Advocate; Devoted to the Cause of Advocating the Thomsonian System of the Practice of Medicine, on Botanical Principles*, Boston (1827–1828). Medicine has always had its rebels and quacks, and though Samuel Thomson (1769–1843) can hardly be included in the last category, certainly his theories were never completely accepted by the profession, nor were they widely received by the lay public. Thomson was an ardent believer in the curative forces in nature, and his system consisted in the use of herbs. He was instrumental, however, in forcing the allopath, or regular physician, to diminish the quantity of drugs administered, and reduced the popularity of the use of mercury and bleeding which was the vogue in his day. Thomson had much more forceful peers in the adherents of homoeopathy and eclectism which were later contemporaries.

Meanwhile the West was expanding and the medical scene moved accordingly. Transylvania University had become a far-famed institution of learning with a Medical Department that presented to America some of its most dis-

[26] *Ibid., 2:* 16, 1823.

tinguished physicians and outstanding medical literature. Cincinnati and Louisville, Kentucky, assumed for the West the prerogatives formerly due to Philadelphia and New York as centers of learning and publication.

At this time the *Western Journal of the Medical and Physical Sciences* (1827–1838) appeared in Cincinnati, edited by Daniel Drake, the West's most famous physician. This periodical had started as the *Western Medical and Physical Journal* but in 1828 it merged with the *Ohio Medical Repository of Original and Selected Essays and Intelligence* and continued the volume numbering without interruption. Drake's journal contained numerous contributions from Kentucky physicians with an emphasis on disease in the Mississippi Valley. As an indication of the concern felt by the medical profession over the growing inclination of the public to entertain and support the fraudulent practitioners in their midst one should read the article in the tenth volume which violently denounces quackery in the United States and England, with sample advertisements of the pills, ointments, and other so-called family remedies.[27] Volume nine (1836) added a supplement of twelve pages which lists the graduates (there were eighteen) who having defended their theses were awarded the degree of Doctor of Medicine, the first graduating class of the medical department of Cincinnati College. Classes of the school were composed of students from all of the then known United States with the majority from Ohio, Kentucky, and Mississippi. It was apparent also that strong efforts were being made to reform the medical schools in Ohio, as can be attested to by numerous brief articles throughout the journal proposing reorganization of both curricula and faculty. The *Western Journal of the Medical and Physical Sciences* suspended publication in 1838 but was revived in 1840 and consolidated with the *Louisville Journal of Medicine and Surgery* to form the *Western Journal of Medicine and Surgery*.

Next appeared the *New England Medical Review and Journal* from Boston, a quarterly, which lasted one volume, January to October, 1827, then joined the *Boston Medical Intelligencer*, described previously, to become the famous *Boston Medical and Surgical Journal* (1828–1928).

This latter, also a weekly, and now known as the *New England Journal of Medicine*, contained some of the most influential writings of the era. For instance, there was Henry Jacob Bigelow's "Insensibility during surgical operations produced by inhalation."[28] Dr. Bigelow relates of the extraction of teeth, removal of tumors and even amputation of limbs with the assistance of ether which, discovered and developed within this decade, brought about a whole new concept of surgery, enabling the operator to devise and perform feats of skill with the knife heretofore unimagined. Besides considerable discussion on this topic, the *Boston Medical and Surgical Journal* offers such tidbits as a note on the expansion of phrenology abroad and contrasting apathy in the United

[27] Western Journal of the Medical and Physical Sciences, *10:* 613–622, 1836–7.
[28] Boston Medical and Surgical Journal, *35:* 309–317, 1846.

States. There is also an item on the establishment of a phrenological professorship in a college of Buenos Aires.[29] At this time the move toward specialization was quite pronounced. An advertisement in volume thirty-five informs the world at large that Dr. J. H. Dix "relinquishes general practice and from this date (February 14, 1843) will attend exclusively to the medical and surgical treatment of Diseases of Eye and Ear."[30]

An interesting article by R. L. MacDonnell, reprinted from the *British American Journal of Medical Science*, of Montreal, "Use of microscope in practice of medicine,"[31] suggests a rising interest in microscopical investigation and a more scientific approach to diagnosis. There was, however, still an interest in meteorological subjects and natural history, but purely medical articles were more and more dominating the scene.

About the same time that Boston was organizing its most notable periodical, Philadelphia set before the world America's most widely honored and respected journal, the *American Journal of the Medical Sciences*. This title really began in 1827, superseding the *Philadelphia Journal of Medical and Physical Sciences*, and continued under the guidance of Nathaniel Chapman and Isaac Hays for many years. The "Yellow Journal," as it is affectionately called by the profession, is still one of our most reputable periodicals, without whose files no medical subject can be thoroughly studied. Hays and Chapman designed their journal originally as a quarterly, now a monthly, to be national in character, to be devoted exclusively to the improvement of medical science, and the elevation of the medical profession regardless of local and individual interests. No anonymous contributions would be accepted. This policy was always consistently adhered to and no doubt deserves much of the credit for the continuous success of the journal. "At so early a period in its existence as 1840 and at a time when there was great disposition on the part of our English cousins to view American productions with a deprecating eye, the *Lancet* stated editorially that 'The American Journal of the Medical Sciences is by far the best periodical (before us); it is, indeed, the best of the trans-Atlantic medical publications; and, to make a comparison nearer home, is in most respects superior to the great majority of European works of the same description'."[32] From the very beginning the best element of the profession contributed some of the most memorable works in the field of medicine. Valentine Mott described the "Successful ligature of the common iliac artery,"[33] and the remarkable surgical feat of removing the clavicle in its entirety, requiring the ligation of forty vessels.[34]

[29] *Op. cit.*, p. 482.

[30] *Op. cit.*, Advertisement sheet following p. 444.

[31] *Op. cit.*, p. 228–234.

[32] Landis, H. R. M. History and Development of Medical Science in America as Recorded in the American Journal of the Medical Sciences. Philadelphia, Lea 1901, p. 6–7.

[33] American Journal of the Medical Sciences, *1:* 156–161, 1827.

[34] *Ibid., 3:* 100–108, 1828.

Dr. Knight first successfully employed digital compression for the cure of aneurism.[35] Dr. Gerhard presented his classic paper "Differentiation between Typhus and Typhoid Fever."[36] The journal also maintained departments for the review of medical publications and abstracts of the best medical journals throughout the world.

Another important step in the American medical periodical field was taken the year following the inauguration of the "Yellow Journal," and in an entirely different section of the country. This was the *Transylvania Journal of Medicine and the Associate Sciences* (1828–1839) of Lexington, Kentucky. It was the first medical journal published in that state and one of our most distinguished early American medical serials. In the beginning it was edited by John Esten Cooke and Charles Wilkins Short; later, others, even the Medical Faculty of Transylvania University, shared in its management. The *Transylvania Journal* was an excellent source of writings of southern physicians, with good original articles, biographical and obituary notices, reviews of medical publications, and meteorological tables. The founding of the Lexington Lunatic Asylum is noted and gives some insight on the provisions made for the insane of that day.[37] The Asylum offered the best in moral and rational treatment of the mentally ill, humane care, comfortable, agreeable surroundings, and some restraint, but actual treatment was at a minimum. In volume five there is an interesting table of "Requisitions for Graduation in the Various Medical Colleges in the United States."[38] By the year 1830 most medical schools required a basic course of three years plus a thesis and an examination. The curriculum included courses in chemistry, pharmacy, anatomy, physiology, theory and practice of medicine and surgery, some botany, medical jurisprudence, and one school even offered pathology (University of Vermont). This was a vast improvement over the understandarized, varying courses of studies offered in earlier years.

The last part of the 1820's presented the following titles: *Medical Friend of the People*, Harrodsburg, Kentucky (1829); *Monthly Journal of Foreign Medicine* Philadelphia (1828–1829); *The Philadelphia College of Pharmacy Journal* (1829), which later became our present, widely known *American Journal of Pharmacy;* the *Maryland Medical Recorder, Devoted to Medical Science in General*, Baltimore (1829–1832), and the *Journal of Health*, Philadelphia (1829–1833)—a periodical of popular medicine, emphasizing diets, exercise, temperance, and abstinence.

Between 1830 and 1850, there was, on the whole, a great similarity of journals but within a few categories. It was during this period that "eclectism," Thom-

[35] *Ibid., 56:* 255–257, 1848.
[36] *Ibid., 19:* 289–322; *20:* 289–322, 1837.
[37] Transylvania Journal of Medicine and the Associate Sciences, *2:* 500–511, 1829.
[38] *Ibid., 5:* 296–303, 1832.

sonianism, and homoeopathy, three rebel systems of medicine, made their bids for recognition. Also, dentistry divorced itself from medicine and strode forward as a confident and an independent science. This was the beginning, a bare beginning indeed, of the specialty journals—a phase of periodical publications which gained momentum in the latter part of the nineteenth century, and is here with us today to stay.

Eclectism was a system founded by Wooster Beach (1794–1868) in an attempt to reform the evils of the allopathic profession. This school of medicine sought to promote the use of herbs and roots, nature's remedies, in medical practice, and to dispense completely with bleeding, cupping, and certain excesses in drug administration. Beach founded the Reformed Medical Society of the United States, and edited its official publication, the *Reformed Medical Journal*, New York (1832 only). This was the first "eclectic" medical journal in the country. There were many more such "reformed" botanico-medical journals, and many followers of the eclectic school of thought. And then there was Thomsonianism which was later assimilated by the Eclectics.

Samuel Thomson (1769–1843) was the originator of the Thomsonian system of medicine which consisted, much like eclectism (by which it was later engulfed), in the use of herbs, and which believed in the curative forces of nature. A fundamental concept of Thomsonianism was that inflammation and fever were not a disease or enemy, that inflammation healed and fever was a friend. Many Thomsonian journals arose during these next two decades but were for the most part of brief existence. Some of these were the *Thomsonian Recorder*, Columbus, Ohio (1832–1837); *Boston Thomsonian Manual and Lady's Companion* (1835–1845); *Boston True Thomsonian* (1840–1943); and *Thomsonian Messenger*, Norwich, Connecticut (1841–1845). Though one might be led to believe from the titles just mentioned that this was a phenomenon peculiar to the New England section, it is not true. Thomsonianism cropped up with a persistence unbelievable in many remote areas of the country. There was an appeal in botanico-medicine that was especially attractive to the smaller cities and towns and one finds such rural hamlets as Marysville, Tennessee, Albany, New York, and Burlington, Vermont, producing Thomsonian literature.

The theory of botanico-medicine had many adherents; the most prominent, and most closely allied to the regular practice of medicine, was the homoeopathic. Samuel Hahnemann, of Leipzig, Vienna, and Erlangen was responsible for the system, which was introduced in this country shortly after 1825, where it flourished widely. The first periodical published by and for the homoeopathic profession was the *American Journal of Homoeopathia*, New York (1835). The editors, John F. Gray and A. G. Hull, explained that they preferred this form of title of the system of Hahnemann, having a precedent in the general adoption of "neuralgia" instead of "neuralgy."

The *Homoeopathia* was accompanied by a publication from Allentown, Penn-

sylvania, entitled, impressively, *Korrespondenzblatt der homoeopathischen Aerzte.* This journal, published in the interest of the Allentown Academy, the first homoeopathic college in the world, was printed, for the most part, in German, although some case reports were in English. There was also a supplement called *Archivzettel*, consisting of short notes regarding clinical uses of various remedies.

There appeared many other homoeopathic journals, all in the same vein, promoting the theory of "Similia Similibus Curantur," which contends that disease or symptoms of disease are curable by particular drugs which produce similar effects on the healthy body. Homoeopathy did have a profound effect upon medical practice by its emphasis on small doses of medicine and a light diet but has lost its position as an unique medical procedure since the regular physician has taken what was useful of the system, incorporating it within the allopathic system and rejecting the obviously ridiculous.

The regular medical profession had not diminished its literary exertions throughout these controversial years and continued to pour out printed matter at an ever increasing rate. Of the volume of periodical literature for the years 1830–1850, only a few of the journals are worth considering here. The *Cholera Bulletin*, published by an "Association of Physicians," three times a week from July 9th to August 31st, 1832, and the *Cholera Gazette*, a weekly, edited by Isaac Hays in Philadelphia the same year, exemplify the increased social conscience of the physician. Cholera, running through Europe, reached America about 1832, and these publications were attempts by an organized profession to reach the public and physicians with information to combat the disease effectively.[39]

The following year produced the *Baltimore Medical and Surgical Journal and Review* (1833–1834) edited by E. Geddings, which became the *North American Archives of Medical and Surgical Science*, Baltimore (1834–1835). Next was the *United States Medical and Surgical Journal*, New York (1834–1836), a monthly "conducted by a number of respectable physicians in various parts of the United States." It contains biographies of deceased physicians, "winnowed" contents of American and foreign publications, miscellaneous notes, and brief original articles, conforming to their policy of getting as much practical matter as possible into a small space. This journal's one contribution to the history of American medicine is the almost obscure notice of a recently organized Society of Surgeon-Dentists of the City and State of New York—the first dental society in the United States—designed "for mutual improvement, by an interchange of ideas, and communication of facts, together with an effort to elevate the character, and increase the usefulness of the dental profession . . . to impress the public with a greater feeling of confidence than heretofore in the value of this highly important and useful branch."[40]

John Bell then produced his *Eclectic Journal of Medicine* (1836–1840) and its

[39] Shafer, Henry B. American Medical Profession, 1783–1850. New York, Columbia University Press 1936. p. 184.

[40] United States Medical and Surgical Journal, New York, *1:* 157, 1834.

partner *Select Medical Library*, both continuing until 1846 as *Select Medical Library and Bulletin of Medical Science* which contained reprints of valuable published works as well as news and case studies, but was not widely circulated because of the exorbitant cost.

Another title should be mentioned at this time, though it existed for a mere four numbers, July 1842 to April 1843, and offered nothing of importance to the progress of medical serial publication—with one exception. This was the *New England Quarterly Journal of Medicine and Surgery*, of Boston, which contains one of the most remarkable essays in the history of American medical journalism, Oliver Wendell Holmes' "The contagiousness of puerperal fever."[41]

The geographical expansion continued with the *Southern Medical and Surgical Journal*, of Augusta, Georgia (1836–1867), edited by Milton Antony and Joseph A. Eve; the *Louisville Journal of Medicine and Science* (1838) which united with the *Western Journal of the Medical and Physical Sciences* to form the *Western Journal of Medicine and Surgery* (1840–1855); the *Maryland Medical and Surgical Journal*, Baltimore (1839–1843)—the official organ of the medical department of the Army and Navy of the United States.

During this time, along with the impetus given by the Thomsonian system and other botanico-medical theories, there developed a widespread interest in "domestic medicine" and "physical culture." One of the most influential innovators of this subject was Sylvester Graham (1794–1851), who ardently advocated the use of the vegetable diet as a preventive of disease. Though he failed to establish a system of dietetics, he was, at least, instrumental in modifying the prevailing habit of excessive use of meat by proving that muscular strength was not dependent upon its consumption. He also popularized the use of unbolted flour, which he introduced and which now bears his name, and paved the way for utilization of cereal foods and of fruit. The *Graham Journal of Health and Longevity*, emanating from Boston and New York (1837–1839) and edited by David Cambell, propounded to "illustrate by facts and sustain by reason and principles the science of human life as taught by Sylvester Graham." Other similar journals soon followed: the *Guardian of Health; a monthly Journal of Domestic Hygiene*, Baltimore (1841–1842); *Herald of Health*, New York (1842–1843); *Guardian of Health*, Boston (1846–1869); and *Scalpel: an Entirely Original Quarterly Expositor of the Laws of Health*, New York (1849–1861).

The inception of specialized journals is evinced with the appearance of such periodicals as the *American Journal of Dental Science* (1839–1909), published simultaneously in New York, Philadelphia, Boston, and Baltimore, demonstrating the extent of the separation of dentistry from surgery; the *American Journal of Insanity*, edited by officers of the New York State Lunatic Asylum at Utica, New York (1844–1921); and the *American Annals of the Deaf and Dumb*, Washington (1847–1886).

[41] New England Quarterly Journal of Medicine and Surgery, *1:* 503–530, 1843.

The fifth decade of the 19th century saw more midwestern and southern medical journals come forth. The *Western and Southern Medical Recorder* (1841–1843) was published in Lexington, Kentucky, and edited by James Conquest Cross, who later edited the *Southwestern Medical Advocate* in Memphis (1847), Tennessee's first medical journal. The deep South was represented by the *New Orleans Medical Journal*, which, starting in 1844, is being published today as the *New Orleans Medical and Surgical Journal*. In Missouri, the *St. Louis Medical and Surgical Journal* (1843–1907) gave evidence of the growth of medicine towards the Far West, while the Northwest had its *Illinois Medical and Surgical Journal* (1844–1846), which later became the *Illinois and Indiana Medical and Surgical Journal* (1846–1848) and still later, the *Northwestern Medical and Surgical Journal* (1848–1857), all published at Chicago.

Thus, by 1850, all the settled areas of the United States had representative medical periodical publications.

Summary of Findings

Fifty years in the life of a nation, even a rather young nation, is not a large length of time for productivity of any sort. Although as a matter of fact it is a relatively short time, in the case of medical serial publication in the United States it has proved to be a remarkably fruitful period. A growing nation has so many problems, so much organizing, expanding, re-organizing and experimentation to do that it is a wonder that much of lasting value ever emerges from the struggle. Nevertheless, the medical profession progressed as the nation progressed, and despite untold difficulties—economic, geographical, cultural—presented to the world concrete evidence of creditable achievement. Though most of the periodicals which arose during these years could claim little, qualitatively speaking, there can be no dispute with the quantity produced, and in the very mass of literature published lies the essence of accumulated experience—a trial and error experience, but effective, nevertheless.

All in all there were 249 periodicals published before 1850. This figure includes the allopathic, or regular medical journals; the dental periodicals; the medical variants or botanico-medical journals, such as homoeopathic, Thomsonian and eclectic; the publications of Societies and Institutions; and neo-medical, or borderline journals. To clarify the picture the categories can be tabulated as follows:

Medical journals	189
Dental journals	15
Society proceedings and transactions	33
Borderline journals	12
Total	249

The medical journal classification can be subdivided into the following order by types:

Allopathic	115
Homoeopathic	12
Thomsonian	27
Eclectic	35
Total	189

Before the turn of the 19th century most of the then known states had a representative journal. The majority, naturally enough considering the origin of the country, emanated from the New England, or rather northeastern area. New York, Philadelphia, Boston, and Cincinnati, in that order, led the field in cities of publication, though many periodicals emerged from smaller towns. For illustration, the general geographical distribution is given:

Northeastern area	133
West	37
South	28
Northwest	6

(Medical and dental publications are included in this table.)

There was only one journal, as already explained, published before 1800, but by 1850 over 200 literary companions had appeared. The five decades investigated produce a table like this:

1797–1809	7
1810–1819	8
1820–1829	32
1830–1839	63
1840–1849	94

showing the steady rise in volume of periodical literature.

This period is singularly bereft of purely research periodicals although that fact is not surprising when one remembers that the day of Koch and Pasteur, of Bernard and Brown-Sequard was just dawning, and the scientific, investigative spirit was barely felt abroad, much less in America. The same deficiency applies to the field of specialization. However, the embryo occurs in the *American Journal of Insanity* and *American Annals of the Deaf and Dumb*. The specialty journals developed rapidly after the mid-century, but it was not until many years later that the journal devoted solely to investigation and research began to roll from the printing presses.

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APPENDIX

Explanatory Note

The list which immediately follows consists of a chronological arrangement of titles gleaned from the *Union List of Serials in Libraries of the United States*

and Canada, 2nd edition, (Gregory), the first three series of the *Index-Catalogue of the Library of the Surgeon-General's Office*, W. H. Trueman's *History of the Dental Literature in the English Language from 1834 to 1875*, and the card catalogue of the New York Academy of Medicine Library. The plan is that of the *Union List* with the latest form of the title as the main entry. Transactions and proceedings of societies and institutions are under the names of the issuing bodies. Not all entries are purely medical. Scientific, dental, health, and borderline titles are included as being of possible interest to the medical librarian or historian. Only serials which began before 1850 are incorporated in the appendix, regardless of their continuation; some exist even today. Inclusive dates of publication are cited, with additional notes of changes in titles, numbering, suspensions, and mergers. Note that a *few* proceedings of societies appeared before the first medical journal, and are *not* to be confused with the independent medical journal—the subject of this study.

Before 1800

1. Medical society of New Jersey. Transactions. v. 1–137, 1766–1903// (1766–1800, published 1875 in 1 v. as Rise, minutes and proceedings of the New Jersey medical society; 1847–1858 *in* New Jersey medical reporter, later Medical and surgical reporter. Continued *in* the society's Journal.)
2. Massachusetts medical society. Medical communications. Boston. v. 1–24, 1790–1913// (Continued in Boston medical and surgical journal; later New England journal of medicine. v. 3–4 as Medical dissertations. v. 5–19 also as s2 v. 1–15. Superseded by its Bulletin.)
3. Connecticut state medical society. Proceedings. Hartford, Conn. v. 1–143, 1792–1935// (1792/1829 reprinted 1884. 1860–1875 also as s2 v. 1–14; 1876–1891 also as s3 v. 1–4. Title varies. Superseded by its Journal; later Connecticut state medical journal.)
4. College of physicians of Philadelphia. Transactions. v. 1, 1793// also Transactions. v. 1–3, N 1841–1850; ns v. 1–4, (v. 1–3, ns v. 1–4 as Summary of the transactions. Title varies slightly.)
5. Medical society of the county of Kings and Academy of science of Brooklyn, N. Y. Minutes. v. 1–64, 1794–1885//? (Through Mr 1933 as Medical society of the county of Kings.)
6. Medical repository. New York. v. 1–23, Jl 26 1797–1824. Subtitle varies. Vol. no. irregular. Prospectus dated N 15 1796. Cover title for some years as New York medical repository. Also numbered as v. 1–6, 1797–1803; s2 v. 1–6, 1804–1809; s3 v. 1–3, 1810–1812; ns s4 v. 1–8, 1813–1824.
7. Medical and chirurgical faculty of the state of Maryland. Summary of proceedings. v. 1, 1799–1807//

1800–1809

8. Charleston medical register. Charleston, S. C. v. 1, 1803//
9. Lancet. Newark, N. J. no. 1, Je 1803//?
10. Philadelphia medical museum. Philadelphia. v. 1–6, S 17 1804–1809; ns v. 1, 1810–1811//
11. Philadelphia medical and physical journal. Philadelphia. v. 1–3, N 1804–1808// (Cover title: Barton's medical journal.) Supplement v. 1–3, Mr 1806–My 1809//
12. Medical and agricultural register. Boston. v. 1, no. 1–24, Ja 1806–D 1807//

13. Medical society of the county of Albany. Albany, N. Y. Transactions. v. 1–3, 1806–1883// v. 1, 1806–1851 as Annals. (Continued *in* Albany medical annals.)
14. New York county medical association. Transactions. v. 1–6, 1806–1898//?
15. New York county physicians and surgeons. Proceedings. 1806–1834.
16. Medical and surgical society of the University of the State of New York. Report of the proceedings. v. 1–11, 1807–1817/18// (v. 2, 1809 issued in two editions.)
17. Medical society of the state of New York (est. 1806). Transactions. 1807–1905// (Continued *in* New York state journal of medicine.)
18. Baltimore medical and physical recorder. Baltimore. v. 1–2, no. 1, Ap 1808–Ag 1809//
19. New York medical and philosophical journal and review. New York. v. 1–3, 1809–1811//

1810–1819

20. American medical and philosophical register; or, Annals of medicine, natural history, agriculture, and the arts. New York. v. 1–4, Jl 1810-Ap 1814//
21. Journal of foreign medical science and literature. Philadelphia. v. 1–14, O 1810–O 1824// (v. 1–10 as Eclectic repertory. Merged into American medical recorder. v. 11–14 also as ns v. 1–4.)
22. Connecticut medical society. Communications. New Haven, Conn. no. 1, 1810//
23. Baltimore medical and philosophical lyceum. Baltimore. v. 1, no. 1–4, Ja/Mr–O/D 1811//
24. New England journal of medicine and surgery, and collateral branches of science. Boston. v. 1–15, Ja 1812–D 1826// (v. 6–10, 1817–1821 also as ns v. 1–5; v. 11–15, 1822–1826 as s3 v. 1–5. Superseded by New England medical review and journal. Index: v. 1–15 *in* Boston medical and surgical journal v. 25; later New England journal of medicine.)
25. Emporium of arts and sciences. Philadelphia. v. 1–2, My 1812–Ap 1813; ns v. 1–3, Je 1812–O 1814//
26. American aesculapian society. New York. Transactions. v. 1–4, 1812/13–1815/16//? (v. 1 as its Report of proceedings)
27. New York medical magazine. New York. v. 1, no. 1–2, 1814–Ja 1815//
28. Physico-medical society of New York. Transactions. v. 1, 1817//
29. New York physio-medical society. Transactions. v. 1, 1817//?
30. American journal of science. New Haven, Conn. v. 1, Jl 1818– (1820–1879 as American journal of science and arts.)
31. American medical recorder. Philadelphia. v. 1–16, no. 2, 1818–Ap 1829// (Merged into American journal of the medical sciences. v. 7–12 as Medical recorder of original papers and intelligence in medicine and surgery. v. 14 omitted in numbering. v. 16, no. 2 incorrectly numbered v. 15, no. 2.)
32. Medical and surgical register. New York. v. 1, 1818–1820//
33. New York medical and surgical register. v. 1–2, 1818–1820//

1820–1829

34. Philadelphia journal of the medical and physical sciences. Philadelphia. v. 1–14, Ja 1820–D 1827// (v. 10–14 also as ns v. 1–5. Superseded by American journal of the medical sciences.)
35. Microscope, ed. by a fraternity of gentlemen. New Haven. v. 1–2, no. 1–50, Mr 21–S 8 1820//
36. Medico-chirurgical review. American reprint. New York. v. 1–4, 1820–1824; ns. v. 1–47, 1824–1847// (Also numbered v. 1–51. Reprint of British journal of the same name.)
37. Microscope. Albany, N. Y. v. 1–7, no. 21 (no. 1–337), 1821–D 29 1827//? (1821–1823? as Microscope and independent examiner.)

38. New York medical and physical journal. New York. v. 1–9, Ja 1822–D 1830// (v. 8–9 also as ns v. 1–2.)
39. Medical news-paper; or, The doctor and the physician. Boston. v. 1, no. 1–26, Ja 1 1822–F 15 1825//?
40. Vaccine inquirer. Baltimore. no. 1–6, F 1822–Je (?) 1824//?
41. Western quarterly reporter of medical, surgical and natural science. Cincinnati. v. 1–2, no. 2, 1822–1823//
42. Medical reformer. New York. v. 1, no. 1–6, Ja 1–Je 1 1823//
43. Boston medical intelligencer. Boston. v. 1–5, no. 39, Ap 29 1823–F 12 1828// (v. 1–3 as Medical intelligencer with running title, Boston medical intelligencer. United with New England medical review and journal to form Boston medical and surgical journal, New England journal of medicine.)
44. Baltimore philosophical journal and review. Baltimore. no. 1, Jl 1823//
45. Microscope. Louisville, Ky.; New Albany, Ind. v. 1–2, no. 20, Ap 17 1824–S 10 1825//
46. American medical review and journal of original and selected papers in medicine and surgery. (Eberle) Philadelphia. v. 1–3, Je 1824–Ag 1826// (v. 1 as Medical review and analectic journal.)
47. Aesculapian Register. Philadelphia. v. 1, Je 17–D 9 1824//
48. New York monthly chronicle of medicine and surgery. New York. v. 1, no. 1–12, Jl 1824–Je 1825//
49. Carolina journal of medicine, science and agriculture. Charleston, S. C. v. 1, 1825; ns v. 1, no. 1–2, 1826.
50. American botanical register. Washington. v. 1–3, 1825–1830//
51. North American medical and surgical journal. Philadelphia. v. 1–12, Ja 1826–O 1831//
52. Ohio medical repository of original and selected intelligence. Cincinnati. v. 1, Ap 1 1826–Ap 18 1827// (Merged into Western medical and physical journal; later Western journal of the medical and physical sciences.)
53. New England medical review and journal. Boston. v. 1, Ja–O 1827// (Superseded New England journal of medicine and surgery. United with Boston medical intelligencer to form Boston medical and surgical journal; later New England journal of medicine.)
54. Western journal of the medical and physical sciences. Cincinnati. v. 1–12 (no. 1–45), Ap 1827–Jl 1838// (v. 1, no. 1–7 as Western medical and physical journal. United with Louisville journal of medicine and surgery to form Western journal of medicine and surgery.)
55. Philadelphia monthly journal of medicine and surgery. Philadelphia. v. 1–2, no. 3, Je 1827–F 1828// (Merged into American journal of the medical sciences.)
56. American journal of foreign medicine. Boston. v. 1, no. 1 Je 1827//
57. Medical advocate; devoted to the cause of advocating the Thomsonian system of the practice of medicine, on botanical principles. Boston. v. 1, no. 1–6, Ap 1827–Jl 1828// (No numbers issued S 1827–Je 1828.)
58. American journal of the medical sciences. Philadelphia. v. 1–26, N 1827–1840; ns v. 1, 1841– (Supersedes Philadelphia journal of the medical and physical sciences.)
59. Monthly journal of foreign medicine. Philadelphia. v. 1–3, Ja 1828–Je 1829// (Also with title: Spirit of the European medical journals.)
60. Transylvania journal of medicine and the associate sciences. Lexington, Ky. v. 1–12, no. 1, F 1828–Mr 1839//
61. New England journal of medicine. (Massachusetts medical society; New England surgical society.) Boston. v. 1, F 19 1828– (Formed by the union of New England medical review *and* Boston medical intelligencer. v. 1–197, no. 33, 1828–F 16 1928 as Boston medical and surgical journal. v. 78–87 also as ns v. 1–10.)

62. American journal of pharmacy. Philadelphia. v. 1, Ap 1829– (v. 1–6 as Philadelphia college of pharmacy journal. 4 preliminary nos. published 1825–1827.)
63. Medical friend of the people. Harrodsburg, Ky. v. 1, no. 1–15, Je 3 1829–My 1830//
64. Maryland medical recorder, devoted to medical science in general. Baltimore. v. 1–3, S 1829–N 1832//
65. Journal of health. Conducted by an association of physicians. Philadelphia. v. 1–4, S 9 1829–Ag 1833// (Caption title of 4 as Journal of health and recreation.)

1830–1839

66. American lancet. New York. v. 1–2; ns v. 1, no. 1–4, Ja 1830–F 26 1831// (v. 1 as New York medical inquirer.)
67. Baltimore monthly journal of medicine and surgery. Baltimore. v. 1, no. 1–12, F 1830–Ja 1831//
68. New York medical journal. New York. v. 1–2, N 1830–Ag 1831//
69. Domestic, medical and dietetical monitor, a journal of health. Woodstock, Vt. no. 1–6, 1830//?
70. Tennessee state medical association. (Through 1901 as Medical society of Tennessee) Transactions. v. 1–78, 1830–1911/12// (Continued in the Society's Journal.)
71. Western journal of health. Cincinnati. v. 1, no. 1–11, Je 1–N 1 1831//?
72. New York medico-chirurgical bulletin. New York. v. 1–2, My 1831–Ap 1832//
73. Thomsonian, and botanic medical adviser. Baltimore. no. 1, 1831//?
74. Reformed medical journal. (Reformed medical society of the United States.) New York. v. 1, no. 1–12, Ja–D 1832//
75. Monthly journal of medical literature, and American medical students' gazette. Boston; Lowell, Mass. v. 1, no. 1–3, Ja–Mr 1832// (Title varies.)
76. Cholera bulletin. New York. no. 1–24, Jl 6–Ag 31 1832//
77. Cholera gazette. Philadelphia. no. 1–16, Jl 11–N 21 1832//
78. Medical magazine. Boston. v. 1–3, no. 24, Jl 1832–Jl 15 1835//
79. Healthside. Cincinnati. v. 1–52, no. 6, S 1832–D 1884// (v. 1–5, 1832–S 1837 as Thomsonian recorder; v. 6–17, O 1837–Ag 15 1852 Botanico-medical recorder; v. 18–43, S 15 1832–1880 Physio-medical recorder; v. 44–50, 1880–1883 Cincinnati medical gazette and recorder; v. 52 no. 1, Mr 1883–Ja 1884 Cincinnati medical recorder.)
80. Eclectic journal of science. Columbus, O. v. 1–2, N 15 1832–Ja 17 1835//? (v. 1, no. 1–24, 1832–D 16 1833 as Eclectic and medical botanist.)
81. Ohio medical reformer. Cincinnati. v. 1, no. 1–2, D 1–15 1832//?
82. Western medical gazette. Cincinnati. v. 1–2, no. 12, D 15 1832–Ap 1835//
83. Medical society of the county of Cayuga, Auburn, N. Y. Transactions. 1832//?
84. American lancet. Philadelphia. v. 1, no. 1–8, F 23–My 29 1833//
85. Register and library of medical and chirurgical science. Washington. v. 1–2, Jl 22 1833–1836//
86. Baltimore medical and surgical journal and review. Baltimore. v. 1–2, O 1833–S 1834// (Superseded by North American archives of medical and surgical science.)
87. Annals of phrenology. Boston. v. 1–2, 1833–1835//
88. Thomsonian botanic watchman. Albany, N. Y. v. 1–2, no. 8, Ja 1834–Ag 1835//
89. United States medical and surgical journal. New York. v. 1–3 (no. 1–28), Ag 1834–N 1835//
90. North American archives of medical and surgical science. Baltimore. v. 1–2, O 1834–S 1835// (Superseded Baltimore medical and surgical journal and review.)
91. American journal of homoeopathia. New York. v. 1, no. 1–4, Ja–Ag 1835//
92. Botanic investigator. Vicksburg, Miss. v. 1, no. 1–5, Mr 2–O 15 1835//

93. Independent botanic register. Columbus, O. v. 1, My 1835–Ap 1836//?
94. Phrenological magazine and New York literary review. Utica. v. 1, no. 1, My 1835//?
95. Western botanic recorder. Louisville. no. 2–3, Jl 14 1835–Mr 25 1836//?
96. Thomsonian defender. Maryville, Tenn. v. 1, no. 1–11, Jl 1835–Ag 1836//?
97. Philadelphia Thomsonian sentinel and family journal of useful knowledge. Philadelphia. v. 1–8, Ag 12 1835–Je 1844//? (v. 1–2, 1835–Ag 17 1837 as Botanic sentinel and literary gazette; v. 3–4, 1837–Ag 22 1839 Philadelphia botanic sentinel and Thomsonian medical revolutionist.)
98. Ohio medical repository. Cincinnati. v. 1, no. 1–5, S 26 1835–Ja 1836//
99. Korrespondenzblatt der homoeopathischen aerzte. (Nord-amerikanische akademie der homoeopathischen heilkunst.) Allentown, Pa. v. 1–2, no. 3, O 22 1835–Je 22 1837//?
100. Medical convention of Ohio. Proceedings. 1835–1851//? 1847 as Ohio medical convention (caption title: Ohio state medical convention) Merged into Ohio state medical society. 1835–1839 as Journal of the proceedings. No meetings 1836/37–1840. Suspended 1840–1844. 1851 *in* Ohio state medical society. Minutes.
101. Moral reformer and teacher on the human constitution. Boston. v. 1–2, 1835–1836// (Superseded by Library of health and teacher on the human constitution; later Teacher of health and the laws of the human constitution.)
102. Boston Thomsonian manual and lady's companion. Boston. v. 1–10, 1835–1845// (v. 1–4 as Thomsonian manual.)
103. Carpenter's annual medical advertiser . . . published and distributed gratuitously to the physicians of the United States . . . Philadelphia. 1835–1844//? (Irregular)
104. Botanic journal. Boston. v. 1, no. 1–11, F 1836–Ja 1837//?
105. Kentucky medical reformer. Richmond, Ky. v. 1, no. 1–2, My–Je 1836//?
106. Southern medical and surgical journal. Augusta, Ga. v. 1–3, Je 1836–S 1839; ns v. 1–17, Ja 1845–O 1861; s3 v. 1, Jl 1866–Jl 1867//
107. Bulletin of medical science. Philadelphia. v. 1–4, N 1836–O 1840; ns v. 1–2, 1841–1842; s3 v. 1–4, 1843–1846; (v. 1–4 as Eclectic journal of medicine.)
108. Select medical library and eclectic journal of medicine. Philadelphia. v. 1–4, N 1836–O 1840. Supplement 1837–1840. (Continued as Select medical library and bulletin of medical science.)
109. Eclectic medical journal. Cincinnati. v. 1–97, no. 8, 1836–Ag 1837// (v. 1–7, 1836–1848, as Western medical reformer. Suspended 1838–1844.)
110. Botanic advertiser and Rhode Island record of modern medical reform. Providence, R. I. v. 1–5, 1836–1840//?
111. Botanic advocate and journal of health. Montpelier, Vt. v. 1–3, 1836–1839//
112. Botanic luminary. Saline; Adrian, Mich. v. 1–2, 1836–1838//
113. Southern botanic journal. Charleston; Forsyth, Ga. v. 1–3, F 4 1837–Je 1 1841; ns v. 1, no. 1–7, F 2–O 1 1847//?
114. American medical intelligencer. A concentrated record of medical science and literature. Philadelphia. v. 1–4, Ap 1 1837–Mr 15 1841; ns v. 1, Jl 1841–D 1842// (v. 1–2, 1837–Mr 15 1839 published in two parts; Library *and* Intelligencer, and referred to in prefaces as American medical library and intelligencer. Superseded by Medical news and library; later Medical news.)
115. Graham journal of health and longevity. Boston; N. Y. v. 1–3, Ap 1837–D 1839// (Merged into Library of health; later Teacher of health.)
116. Western quarterly journal of practical medicine. Cincinnati. no. 1, Je 1837//
117. Teacher of health, and the laws of the human constitution. Boston. v. 1–6, 1837–1842; ns v. 1, 1843// (Supersedes Moral reformer and teacher on the human constitution. v. 1–6 as Library of health, and teacher on the human constitution.)

118. American physiological society. Report. Boston. v. 1–3, 1837–1839//
119. Louisville journal of medicine and surgery. Louisville, Ky. v. 1, no. 1–2, Ja–Ap 1838// (United with Western journal of the medical and physical sciences to form Western journal of medicine and surgery.)
120. Medical examiner and record of medical science. Philadelphia. v. 1–7, Ja 1838–1844; ns v. 1–12, 1845–D 1856// (v. 1–4 as Medical examiner; v. 5–6 Medical examiner and retrospect of the medical sciences. United with Louisville review to form North American medico-chirurgical review.)
121. Thomsonian spy. Manchester, Vt.; Bennington, Vt. v. 1, no. 1–8, Ap–D 1838//?
122. Poughkeepsie Thomsonian. Poughkeepsie, N. Y. v. 1–9, My 12 1838–Je 15 1847// (v. 1, 1838–39 as Thomsonian. Superseded by New York Thomsonian.)
123. Lobelian and Rhode Island medical review. Newport, R. I. v. 1, no. 1, My 1838–Ap 1839//?
124. American journal of homoeopathy. New York; Philadelphia. v. 1, no. 1–6, Ag 1838–Jl 1839// (Reissued in 1 v. as Miscellanies on homoeopathy.)
125. Miscellanies on homoeopathy. Philadelphia. v. 1, Ag 1838–Je 1839// (A reissue of American journal of homoeopathy. New York; Philadelphia. 1838–1839.)
126. Phrenological journal and science of health. Philadelphia; New York. v. 1–124, no. 1, O 1838–Ja 1911// (1838–1869 as American Phrenological journal. Subtitle varies. v. 87 repeated in numbering. v. 50–123 also as ns v. 1–76).
127. Medical and surgical monographs. (Dunglison's American medical library.) Philadelphia. v. 1–3, 1838–1840//
128. Maine Thomsonian recorder. Portland. v. 1, 1838//? Benjamin Colby, Jr., editor and proprietor. (semimonthly)
129. Société médicale de la Nouvelle-Orléans. Journal. v. 1, Ja–N 1839; ns v. 1–2, no. 8, 1859–Jl 1861//?
130. American journal of dental science. New York. v. 1–10, Je 1839–Jl 1850; s2 v. 1–10 O 1850–O 1860; s3 v. 1–40, no. 3, My 1867–My/Je 1909// (Cover title sl v. 2–10 as American journal and library of dental science. Suspended Ja 1860–My 1867; Ag 1900–F 1903. v. 34, no. 3 repeated in numbering)
131. New journal of medicine and surgery. New York. v. 1–4 (no. 1–8), Jl 1839–Ap 1841// Running title: New York quarterly journal of medicine and surgery. Index: v. 1–4 in v. 4.
132. Maryland medical and surgical journal. (Medical and chirurgical faculty of the state of Maryland) Baltimore. v. 1–3, O 1839–Je 1843// (Official organ of the medical department of the Army and Navy of the United States.)
133. Index of the periodical dental literature. Buffalo, N. Y. 1839.
134. Maine Thomsonian recorder and family journal of health. Gardiner, Me. v. 1–2, 1839–1840//?
135. American medical almanac; designed for the daily use of practising physicians, surgeons, students, and apothecaries. Being also a pocket memorandum and account book and general medical directory of the United States. Boston. v. 1–3, 1839–1841//?

1840–1849

136. Homoeopathic examiner. New York. v. 1–3, no. 12, Ja 1840–D 1843; ns v. 1–2, no. 12, Ag 1845–Jl 1847//
137. Botanic medical reformer and home physician. Philadelphia. v. 1–2, no. 7, My 7 1840–Ja 1842//
138. Boston true Thomsonian. Boston. v. 1–3, Ag 15 1840–Ag 1843//
139. Retrospect of practical medicine and surgery. Uniform American edition. New York. v. 1–123, 1840–Je 3 1901//

140. Western journal of medicine and surgery. Louisville, Ky. v. 1–32, 1840–1855// (Formed by the union of Western journal of the medical and physical sciences *and* Louisville journal of medicine and surgery. Superseded by Louisville review. Also numbered as v. 1–8, 1840–1843; s2 v. 1–8, 1844–1847, s3 v. 1–12, 1848–1853; ns (s4) v. 1–4, 1854–1855.)
141. Massachusetts homoeopathic medical society. Proceedings. v. 1–29, 1840–1920//? (1840–1851 as Homoeopathic fraternity; v. 1–11, 1840–1888 as Publications. v. 7–9 repeated in numbering.)
142. Independent botanic advocate. Hartford, Conn. v. 2, 1840?
143. Health journal and advocate of physiological reform. Boston; Worcester, Mass. v. 1–2, no. 1–24, 1840–My 7 1842//
144. Medical examiner and native physician. New York. v. 1, no. 5, F 20 1841.
145. Thomsonian messenger. Norwich, Conn. v. 1–3, Jl 1841–1845//?
146. New York medical gazette. New York. v. 1–2, no. 26, Jl 14 1841–Jl 1842//
147. Guardian of health; a monthly journal of domestic hygiene. Baltimore. v. 1, no. 1–12, S 1841–Ag 1842//
148. Western and southern medical recorder. Lexington, Ky. v. 1–2, no. 4, N 1841–Ap 1843// (Merged into Western lancet; later Lancet-clinic.)
149. Southern botanico-medical journal. Forsyth, Ga. v. 1–2, 1841–1842//?
150. Thomsonian scout. Burlington, Vt. v. 1, 1841–1842//
151. Dental mirror and Brooklyn annual visitor. Brooklyn. 1841?–1845//?
152. New York lancet. (Houston) New York. v. 1–3, no. 3, Ja 1 1842–Ja 21 1843//
153. Herald of health. New York. v. 1, no. 1–11, My 1842–Mr 1843//?
154. Lancet-clinic: a weekly journal of medicine and surgery. Cincinnati. v. 1–116, My 1842–N 1916// (v. 1–18 as Western lancet (subtitle varies); v. 19–39 Cincinnati lancet and observer; v. 40–55 Cincinnati lancet and clinic; v. 56–92 Cincinnati lancet-clinic; v. 19–34 also as ns v. 1–21; v. 40–97 as ns s2 v. 1–58.)
155. Medical intelligencer and literary advertiser. Philadelphia. v. 1, no. 1–2, My–S 1842//
156. New England quarterly journal of medicine and surgery. Boston. v. 1, no. 1–4, Jl 1842–Ap 1843.
157. Mesmeric magazine; or, Journal of animal magnetism. Boston, v. 1, no. 1, Jl 1842//
158. Phreno-magnetic society of Cincinnati. Journal. v. 1, no. 1, Ag 1842//
159. Southern botanico-medical college journal. Forsyth, Ga. v. 1, no. 1–5, D 1 1842–1843//?
160. Rhode Island medical reformer. Providence. v. 1, no. 1–24, Ja 2 1843–Ja 20 1844//?
161. Health journal and independent magazine. Boston. v. 1, no. 1, F 1843// (Running title: Independent magazine and health journal.)
162. St. Louis medical and surgical journal. St. Louis. v. 1–91, Ap 1843–Je 1907// (Suspended N 1861–Ja 1864. v. 20–33, 1864–1877, also as ns v. 1–14.)
163. Dental mirror. Northampton, Mass. v. 1, no. 1, Je 1843//
164. New York journal of medicine. New York. v. 1–10, Jl 1843–Je 1848; s2 v. 1–16, Jl 1848–M 1856; s3 v. 1–8, Jl 1856–My 1860, (sl–2 as New York journal of medicine and the collateral sciences. Superseded by American medical times.)
165. Boston guide to health and journal of arts and sciences. Boston. v. 1, no. 1–24, Jl 25 1843–Ap 18 1845//
166. Botanic advocate and Thomsonian family physician. New Haven, Conn. v. 1, no. 1–12, Jl 1843–My 1844//?
167. Albany journal of neurology; devoted to physiology, phrenology, medicine and the philosophy of mesmerism. Albany, N. Y. v. 1, no. 1, Jl 1843//
168. Journal of neurology. Albany, N. Y. no. 1, Jl 1843?
169. Dental intelligencer and record. Philadelphia. v. 1–4, S 1 1843–1848// (v. 1–3, no. 13, 1843–O 1847 as Stockton's dental intelligencer.)

170. Medical news. Philadelphia; New York. v. 1–87, 1843–1905// (Supersedes American medical intelligence. v. 1–37, 1843–1879 caption title; Medical news and library; v. 38–39, 1880–1881 Medical news and abstract. Merged into New York medical journal; later Medical record.)
171. Dental visitor. Northampton, Mass. no. 1–2, 1843//
172. New Orleans medical and surgical journal. New Orleans. v. 1, My 1844– (v. 1–2, no. 1 as New Orleans medical journal; v. 22–23 New Orleans journal of medicine. 1904 contains Transactions of the Louisiana state medical society. Suspended My 1861–Jl 1866. v. 24–29, N 1870–Je 1873 never published. v. 26–48, Jl 1873–Je 1896 also as ns v. 1–23.)
173. Journal of health. Cincinnati. no. 1–3, 1844; ns v. 1, Jl 1844–Je 1845// (no. 1–3 as Cincinnati journal of health.)
174. American journal of psychiatry. (American psychiatric association) Utica, N. Y.; Baltimore, v. 1, Jl 1844– (v. 1–77 no. 4, 1844–Ap 1921 as American journal of insanity. v. 78–90, Jl 1921–My 1934 also as ns v. 1–13.)
175. Rochester medical truth teller, and monthly family journal of health. Rochester, N. Y. v. 1–2, no. 10, Jl 1844–Ap 1846//?
176. Botanic-medical reformer, or a course of lectures introductory to a true knowledge of medical science. Mt. Vernon, O. v. 1–2, no. 10, Jl 1844–Je 1846//?
177. Health; a home magazine devoted to physical culture and out-door life. New York. v. 1–77, N 15 1844–1892; s2 v. 43–64, no. 1, 1893–Ja 1914// (v. 1–33, 1849–1861 as Watercure journal; v. 34, 1862 Hygiene teacher and water-cure journal; v. 35–77, 1863–1892 Herald of health; s2 v. 43–48, no. 9, 1893–S 1897 Journal of hygiene and Herald of health. . . .)
178. Chicago medical journal and examiner. Chicago. v. 1–58, 1844–1889// (v. 1–2 as Illinois medical and surgical journal; v. 3–4 Illinois and Indiana medical and surgical journal; v. 5–14 Northwestern medical and surgical journal; v. 15–32, no. 7 as Chicago medical journal.)
179. Association of medical superintendents of American institutions for the insane. Proceedings. v. 1, 1844– (v. 1–76, 1844–1920 reprinted from, or in American journal of insanity.)
180. New York dissector. New York. v. 1–4, 1844–1847//
181. Philadelphia medical advertiser. Philadelphia. v. 1, no. 1–3, 1844–1845//
182. Philosophical medical journal and analytical physician; or, Family physician. New York. v. 1–2, 1844–Je 1848//?
183. Thomsonian advertiser. Boston. v. 1, 1844–1845//
184. Southern medical reformer. Forsyth, Ga. v. 1, no. 1–8, Ja–Ag 1845//?
185. Missouri medical and surgical journal. St. Louis. v. 1–4, no. 3, My 1845–Jl 1848// (Merged into St. Louis medical and surgical journal.)
186. Homoeopathic pioneer. Syracuse, N. Y. v. 1, no. 1–12, Jl 1845–Je 1846//
187. New York medical intelligencer; or, Eclectic gazette. New York. v. 1, no. 1–8, Ag 27–D 3 1845//
188. New York medical and surgical reporter. New York. v. 1–2, no. 18, O 18 1845–My 8 1847//
189. Buffalo medical journal and monthly review of medical and surgical sciences. Buffalo, N. Y. v. 1–15, 1845–1860. (v. 1 as Buffalo medical journal. v. 15, no. 1–13 have running title: New York monthly review of medical and surgical science and Buffalo medical journal. Superseded by Buffalo medical journal.)
190. Half-yearly abstract of the medical sciences: being a practical and analytical digest of contents of the principal British and Continental medical works . . . American edi-

tion. New York; Philadelphia. v. 1–58, 1845–1873// (Superseded by Monthly abstract of medical science.)

191. Boston Thomsonian medical and physiological journal. Boston. v. 1, no. 1–18, 1845–1846// (1845 as Boston Thomsonian medical journal. Merged into New England medical eclectic.)
192. Brown's quarterly dental expositer. 1845? (Only 1 no. published. Contained only prospectus of Solymon Brown's Biographies of Distinguished Dentists and Dental Manufacturers, which was never published.)
193. Green mountain spring. Devoted to discussion and information concerning the popular and medical uses of water. Brattleboro, Vt. v. 1–3, no. 12, Ja 1846–D 1848//
194. American journal of homoeopathy. New York. v. 1–9, no. 4, Ap 1846–Ag 1854// (Cover title: v. 1, no. 1 as New York journal of homoeopathy.)
195. Magnetic and cold water cure. Rochester, N. Y.; Boston. v. 1, no. 1, Je 1846//?
196. New York dental recorder. New York. v. 1–10, S 1846–1856//
197. Annalist; a record of practical medicine in the city of New York. v. 1–3, O 1 1846–Je 15 1849//
198. American medical association. Proceedings of the National medical convention. 1846–1847//
199. Ohio state medical society (superseded by Ohio state medical association). Transactions. v. 1–59, 1846–1904//
200. Charleston medical journal and review. Charleston, S. C. v. 1–15, 1846–1860; ns v. 1–4, Ap 1873–Ja 1877// (v. 1–2 as Southern journal of medicine and pharmacy.)
201. New England medical eclectic and guide to health. Worcester, Mass. v. 1–2, 1846–1847// (Superseded by New England botanic, medical and surgical journal; later Worcester journal of medicine.)
202. Guardian of health. Boston. v. 1–8, 1846–D 1869// (v. 1, no. 1 as Monthly miscellany and journal of health; v. 1, no. 2–12 Journal of health and monthly miscellany; 2 Practical educator and journal of health; 3 Journal of health and practical educator; 4–5, Jl 1863–Ap 1865 Union monthly and journal of health and education. Suspended 1848–Je 1863.)
203. Fountain hydropathic journal. Morristown, N. J. v. 1, no. 1–2, 1846//?
204. Medical investigator; devoted to the botanic practice of medicine. Bloomington, Ind. v. 1, no. 1–12, Ja–D 1847//?
205. Dental circular. (Place undetermined.) Mr 1847//
206. Southern medical reformer. Petersburg, Va. v. 1, no. 1–12, My 1847–Ap 1848//?
207. Southwestern medical advocate. Memphis, Tenn. v. 1, no. 1–5, Jl–N 1847//
208. Wood's addenda to the medico-chirurgical review. New York. v. 1–2, Jl 1847–Ap 1848// (Each issue comprises 2 sections: American quarterly retrospect and Foreign quarterly retrospect.)
209. New York Thomsonian. Stillwater, N. Y. v. 1, no. 1–19, Jl 17 1847–Mr 28 1848//? (Superseded Poughkeepsie Thomsonian)
210. Southwestern homoeopathic journal and review. St. Louis. v. 1–3, no. 10, Ag 1847–My 15 1850//
211. American annals of the deaf. Washington. v. 1, 1847– (O 1847–Jl 1886 as American annals of the deaf and dumb. Suspended O 1849–Jl 1850)
212. Medical and surgical reporter. Burlington, N. J.; Philadelphia. v. 1–11, O 1847–S 1858// (v. 1–7, 1847–1854 as New Jersey medical reporter and transactions of the New Jersey medical society; v. 8, 1855 New Jersey medical reporter. Superseded by Medical and surgical reporter, Philadelphia.)

213. Dental news-letter. Philadelphia. v. 1–12, no. 4, O 1847–Jl 1859// (Superseded by Dental cosmos.)
214. Dental register. A monthly journal devoted to the interests of the profession. Cincinnati. v. 1–77, no. 11, O 1847–N 1923// (v. 1–19, 1847–D 1865 as Dental register of the West.)
215. Georgia botanic journal and college sentinel. Macon. v. 1, no. 1–11, D 1847–O 1848// (Superseded by Southern botanico-medical reformer)
216. Eclectic medical review. Pittsburgh, Pa. v. 1–2, no. 6, 1847–O 1848//?
217. Belmont medical society. Bridgeport, Ohio. Transactions. 1847–1857//?
218. Medical association of southern central New York. Transactions. Montgomery. 1847–1930// (v. 1–6 as Proceedings. Superseded by its Journal. Numbering irregular.)
219. New York academy of medicine. New York. Transactions. v. 1–3, 1847–F 2 1871; ns v. 1–13, 1871–1901//
220. Worcester journal of medicine. Worcester, Mass. v. 1–12, 1847–1856// (Superseded by New England medical eclectic and guide to health. v. 1–5, 1847–1851 as New England botanic, medical and surgical journal. Merged into College journal of medical science.)
221. American medical almanac for 1848; containing statistics of the various colleges, hospitals, dispensaries, etc., of the United States; together with other information of value to the physician and student. Philadelphia. 1847?
222. Ohio medical and surgical journal. Columbus. v. 1–16, no. 6, S 1848–N 1864; ns v. 1–3, no. 6, Je 1876–D 1878//
223. Northwestern journal of homoeopathia. Chicago. v. 1–4, O 1848–S 1852//
224. Michigan homoeopathic journal. Detroit. v. 1–2, no. 9, N 1848–1854//? (v. 1–2, no. 7 as Michigan journal of homoeopathy. Subtitles vary.)
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232. Southern botanico-medical reformer. Macon, Ga. v. 1–3, Mr 1849–N 1851//? (Supersedes Georgia botanic journal and college sentinel.)
233. Union journal of medicine. Syracuse, N. Y. v. 1–5, no. 7, Jl 1849–Jl 1853// (v. 1, 1849–Je 1850 as Eclectic medical and surgical journal; v. 2–3 New York eclectic medical and surgical journal; v. 4 Eclectic journal of medicine. v. 4, no. 11–12 cover title; Eclectic and American journal of medicine.)
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235. Buchanan's journal of man. Cincinnati. v. 1–6, no. 4, 1859–Ag 1856; ns v. 1–3, 1887–1890//
236. Dental guardian and Kentucky annual visitor. Lexington. 1849.
237. Indiana state medical convention. Indianapolis. Proceedings. 1849.
238. Kentucky medical recorder. Louisville. v. 1–2, 1849–1851; ns v. 1–3, no. 10, 1851–Je 1854// (v. 1, ns v. 2 as Transylvania medical journal.)
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International Medical Documentation

Present Status and Future Prospects*

By Wilma Troxel

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Chicago, Ill.

WHEN I was presented with this title, "International Medical Documentation, present status and future prospects," it seemed to me to be not only a most impressive subject, but a rather terrifying one as well. So, while I was delving about for enlightenment, I was pleased to find a kindred feeling expressed by a Britisher, speaking before a group of librarians in London, who said, "I must confess that the word 'documentation' has always terrified me, and as a lover of the English Language I wish a less formidable word could be found for this valuable, indeed vital, activity. Documentation, to a novice like myself, spells fust and must; dreary bewhiskered old fossils; men whose souls are made of the parchment they handle. That this is not true I know from my contacts with members of Aslib, but I am quite sure the word frightens off many people . . ."[1] I quite agree.

We still need some explanation, however, of the meaning of this word "documentation." What does it include? What does medical documentation include? What international activities are there in this field which are of any importance or significance to us?

From the *Journal of Documentation*, a comparatively new British publication, comes this inclusive statement, "*The Oxford English Dictionary* defines a document as 'something written . . . which furnishes evidence or information upon any subject', and documentation as the 'preparation or use of documentary evidence and authorities'. In other words, anything in which knowledge is recorded is a document, and documentation is any process which serves to make a document available to the seeker after knowledge. . . . Librarianship and the organization of information services, bibliography and cataloguing, abstracting and indexing, classification and filing, photographic and mechanical methods of reproduction: all these things and many others are the channels of documentation which guide knowledge to the inquirer."[2] Documentation, then, deals primarily with the problem of organization of the knowledge contained in

* Read at Midwest Regional Group, Medical Library Association, North Chicago, Ill., Oct. 6, 1951.

[1] Simon, E. N. A novice on 'documentation.' J. Docum., *2:* 238 (Mar. 1947).

[2] Introductory note. J. Docum., *1:* 1 (June 1945).

printed sources. Neither the word nor the activity are new to us, of course, but since the war there does seem to be an increased and more widespread interest in this field of endeavor. Documentation centers, or bureaux, are being established in many countries, some with, some without governmental sponsorship; new publications are springing up, e.g., the *Journal of Documentation*, London, and *American Documentation*, first issued in this country in 1950. Organizations devoted to this field seem to have received new impetus, as shown by increased enthusiasm on the part of the American Documentation Institute.

Medical documentation is, perforce, one segment of the larger field, and an important one because of the extensiveness of its literature. Omitting reference to all the well known medical classification schemes, periodical indexes, bibliographies, etc., I might mention a few publications and articles which are good examples of medical documentation. There are national medical indexes, as described in Mr. Scott Adams' article in the BULLETIN[3], such titles as: *Bibliografia Médica Portuguesa, Bibliographia Medica Helvetica, Index Medicus Danicus.* There are individual publications like the new "Bibliography of interlingual scientific and technical dictionaries," by J. E. Holmstrom,[4] or the "International Bibliography on Atomic Energy, v. 2, Scientific aspects," issued by the Atomic Energy Commission of the United Nations.[5] There are periodical articles as Mr. LeFanu's, "List of medical libraries and information bureaux in the British Isles."[6]

International medical documentation is practically synonymous with the accomplishments of two international organizations which include emphasis on that subject among their varied activities. These are the International Federation for Documentation, familiarly known as F. I. D., and the United Nations Educational, Scientific and Cultural Organization, UNESCO. And, the knowledge which medical librarians have of the accomplishments of these organizations and any benefits which they may have derived from them are practically synonymous with the continued efforts of Mrs. Eileen R. Cunningham, Librarian of the Vanderbilt University School of Medicine, Nashville, Tennessee, who has worked so assiduously and enthusiastically for the medical projects of both organizations. It might seem that these organizations are too large, too far away, and their subjects of study too remote to be of interest or of influence in our many and various medical libraries of different types and sizes. But such is not the case.

The International Federation for Documentation (F. I. D.), which was

[3] Adams, Scott. National medical indexes. BULLETIN, *38:* 238–245 (July 1950).

[4] Holmstrom, J. E. Bibliography of interlingual scientific and technical dictionaries. Paris, UNESCO, 1951.

[5] United Nations. Atomic Energy Commission. International bibliography on atomic energy. v. 2, Scientific aspects. New York, United Nations, 1951.

[6] LeFanu, W. R. A list of medical libraries and information bureaux in the British Isles. J. Docum., *2:* 119–146 (Dec. 1946).

established in 1895, is a federation of national and international bodies, now having nineteen countries represented as national members, and with many corresponding and associate members in addition. Its activities in increasing the flow of knowledge include study of:

Classification—one of the papers presented at its September meeting was on problems of medical classification, another on the decimal classification of drugs,

Bibliography and abstracting—e.g., its "List of current specialized abstracting and indexing services,"[7] prepared at UNESCO's request, for the International Conference on Science Abstracting, 1949,

Photoreproduction—it published a directory of microfilm and photoreproduction services in 1950,[8]

Selection devices—e.g., punched cards or electronic systems for mechanical selection of data,

Training of documentalists.

These activities are recorded in its quarterly periodical, *Review of Documentation.*

Of more direct importance to medical librarians is the work of UNESCO. This organization, provided for in the United Nations charter, had its inception in a founding conference held in London, November 1, 1945, with its first conference in Paris in December 1946. As one of its functions, it is instructed by its constitution to "maintain, increase and diffuse knowledge . . . . by initiating methods of international cooperation calculated to give the peoples of all countries access to the printed and published materials produced by any of them."[9] Consequently, its yearly program has consistently included the development of indexing, abstracting, and bibliographical services, from the first suggestion by the Natural Sciences Committee in 1946 that abstracting and reviewing journals in fields not adequately covered be produced, down to one of the resolutions regarding the 1952 program, which authorizes the improvement of scientific documentation by promoting the publication of abstracts, of interlingual dictionaries, and of lists of scientific and technical terms.

Some of you will recall that for many years the Medical Library Association had been interested in obtaining adequate indexing and abstracting for the biological and medical sciences at a reasonable cost. The M. L. A. Committee on Coordinated Abstracting Service for Clinical Medicine, reporting in 1947 after a survey of existing abstracts, had made some suggestions regarding a

[7] International Federation for Documentation. List of current specialized abstracting and indexing services, prepared for the International Conference on Science Abstracting, UNESCO House, Paris, 20 to 25 June 1949, convened by the United Nations Educational, Scientific and Cultural Organization. 1st ed. The Hague, 1949. (Its Publication no. 235.)

[8] International Federation for Documentation. Directory of microfilm and photocopying services. Preliminary edition. Under the auspices of UNESCO. The Hague, 1950. (Its Publication no. 244.)

[9] Constitution of UNESCO, Art. 1, Clause 2 (c).

comprehensive abstracting service in English. But, meanwhile, what was happening? Both *Excerpta Medica*, with Dutch publishers, and *World Abstracts*, from the British Medical Association, were beginning publication, with immediate promise of overlapping services and high costs not to mention the fact that resumption of publication of the German abstracts was expected soon. Pressure was brought to bear on UNESCO by interested participants such as the National Research Council's Committee on UNESCO, and in October 1947 a preliminary conference was called to discuss problems of full coverage in abstracting biological and medical literature, with elimination of wasteful duplication, and consequent publication at reasonable prices. This conference led to the establishment of the UNESCO committee which now has the name: Coordinating Committee on the Abstracting and Indexing of Medical and Biological Sciences. Committee members include representatives from UNESCO, the World Health Organization (W. H. O.), International Federation for Documentation, International Federation of Library Associations, Medical Library Association, *Biological Abstracts*, *British Abstracts*, *World Abstracts*, *Excerpta Medica*, American Medical Association, *Chemical Abstracts*, Bureau of Hygiene and Tropical Diseases, and similar interested organizations. These representatives have found that they can meet and discuss mutual problems frankly and amicably, that collaboration between abstracting services is desirable and to some extent possible, and that coordination is necessary.

As for *Excerpta Medica*, there is no doubt but that these UNESCO Committee conferences have caused changes in its publication which are of benefit to all medical libraries, financially at least. By the end of 1948, it had re-organized as a non-profit organization; it had announced its special discount price to libraries, $250.00 to those who subscribed to all 15 sections; it had made plans to publish a master library edition with all sections in a consolidated form, similar to the *Biological Abstracts* plan of publication. The cost of this latter venture seems to have been prohibitive as its development has never been accomplished. However, still further price reductions have been made as it is now possible for libraries with annual book budgets of $3000 and under to have all 15 sections for $150.00. They have announced, too, that they are prepared to supply photocopies or microfilms of abstracted articles to subscribers, where for one reason or another the original article or journal is unobtainable.

Another tangible bit of evidence of the contributions of the UNESCO Coordinating Committee to international medical documentation is a list of periodicals which is now in press. At the Executive Committee meeting in October 1948, it was recommended that UNESCO and the World Health Organization (W. H. O.) jointly sponsor the preparation and publication of a world list of medico-biological periodicals, including standard abbreviations for the titles. This list has been compiled by Mr. Leslie T. Morton, Librarian of the British Medical Association, and should be available before too long a time. It is called

Periodica Medica Mundi, and contains titles of approximately 4,000 periodicals, including those of bio-medical interest, which are important in medical libraries. These are periodicals which are being issued currently, though it is possible that a few which have ceased publication are included, and, of course, changed titles or mergers with other journals are indicated. Titles are arranged in three lists, alphabetical, geographical, and subject. Complete information is given in the alphabetical listing. A key number is assigned each title for use in the geographical and subject entries. In the alphabetical section each title is followed by a standard abbreviation adopted according to the principles used in the *World List of Scientific Periodicals*. Information on titles includes:

Country and city of origin,

Symbols indicating languages (if not that of country of origin),

Frequency of publication—indicated by number or symbol,

Symbols showing which of the major abstracting services cover the journal.

Announcements regarding *Periodica Medica Mundi* will surely be appearing soon, but it is expected that it will cost just $2.00 and will be issued in both French and English editions. Supplements are planned and will be issued by W. H. O. This list should be a most helpful bibliographical aid, easily within reach of all of us financially.

The recent UNESCO publications no. 579 and 580, called "Report on Activities and Meetings of the Coordinating Committee on Abstracting and Indexing in the Medical and Biological Sciences," give a complete summary of the aims and development of this Committee's work. Some of the results have been:

Securing the cooperation, in principle, of the principal medical and biological abstracting services throughout the world,

Effecting the conversion from a commercial to a non-profit status of one service, i.e., *Excerpta Medica*,

Establishing bases for exchange of information between services,

Commencing an investigation into regional needs,

Preparation of a list of periodicals in this field, showing where each is indexed or abstracted, i.e., *Periodica Medica Mundi*,

Initiating discussions looking to division of responsibility between services, with consequent reduction of duplication.

As most of you know, UNESCO has been expanding its whole bibliographical program; the UNESCO-Library of Congress Bibliographical Survey was in process for some time; and the International Conference on the Improvement of Bibliographical Services, held in Paris, November, 1950, was in a way the culmination of UNESCO's attempts to secure coordination in this difficult field. A partial meeting of the Coordinating Committee, the group specifically interested in medical fields, was held in Paris during October, with Mrs. Cunningham in attendance. The future status of this Committee is being discussed, especially its relationship to UNESCO's broadened bibliographical program,

and plans for future work are being outlined. With the excellent beginning which this group has made in securing cooperation between many international organizations, it seems most likely that its efforts will continue to produce beneficial results in the field of international medical documentation.

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The Present State of the Development of Indexing, Abstracting and Bibliographical Services by UNESCO. II. Appendix to the Library of Congress Information Bulletin, May 29, 1950. p. 9–10.

What the Physician Expects of the Librarian*

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MANY enjoyable hours of my life have been spent in libraries, sometimes in literary research for the preparation of articles and lectures and sometimes merely in browsing among the stacks or reading the current periodicals. The services of the librarian make these activities possible for the members of the medical profession.

Unfortunately, we who use the library sometimes forget the extensive training, knowledge, and work required of the librarian to make information in the books and periodicals easily available to those who desire it. Only if we were deprived of the services of the librarian for a week, would we realize all that must be done to keep a library functioning smoothly.

Access to Information in Books and Periodicals

Actually the relation between librarian and client is a coordinated and cooperative effort whose purpose is to make information available in the form of books and periodicals. All organizations require communication and the librarian sets up an elaborate communication system in the form of indexes, catalogues, and classification systems in order to direct the reader effectively to the information which he seeks. Probably the most important single element of the library structure is a system of organization in the form of the dictionary catalogue or subject-author catalogue of all the books, monographs, pamphlets, reference works, reprints and other pertinent material in the library so that the client can easily and quickly find the information which he seeks. The card catalogue should also include a record of journal holdings. Library patrons rely heavily on the complete indexing of material in the card catalogues to assist in finding information. The more complete such files, the more easily will the reader find the material unaided. An effective system decreases the relationship between librarian and patron and it is a strange paradox that satisfied clients in libraries with efficient indexes and directories may seldom have occasion to

* A paper delivered to the Midwest Regional Group of the Medical Library Association, Chicago, Illinois, on February 1, 1951.

require assistance from the librarian. However, all libraries contain some material not classified in the index files and in these instances it will be necessary for the librarian to know where the material is located. Where necessary material is not contained in the library the research scholar greatly appreciates the librarian who agrees to obtain this on inter-library loan. Most scholars realize that the inter-library loan system is a cooperative enterprise whose privilege should not be destroyed by abuse.

A classification and notation system which allows for the orderly arrangement of books on the shelves by classes of subject matter is a valuable aid in locating books. The controversies which exist among librarians in regard to classification systems are unknown to scholars and do not seem to affect their use of the library. Readers who habitually use the library quickly learn the classification system in use. Once the system is learned it is easy to find that section of the library containing the desired material. If similar items have been correctly classified they will be contiguous on the shelves. Then if one particular item is missing or on loan a similar substitute sometimes more desirable can often be discovered through a bit of shelf browsing. Unsuspected titles and information can often be found if similar material is placed in close location on the shelves.

Most readers appreciate periodic information on the new acquisitions of the library. A further privilege which the enthusiastic reader appreciates is the ability to obtain new books and periodicals on loan a short time after receipt by the library.

I believe that an aggressive policy is desirable in obtaining books, periodicals, pamphlets, reprints, government bureau publications, society transactions and other writings. Here I realize the librarian is limited by funds available for new acquisitions. Library clients are disappointed when they are unable to obtain an article at the library, but I have yet to hear someone complain that the library had too much material.

The library client values highly the privilege of access to the stacks of books and periodicals. Stack privileges allow the student to browse according to his inclination and to select volumes for more thorough reading at home. Browsing among the books and periodicals enables the scholar to discover rare and valuable scientific information. Page boys or mechanical communicating devices can never serve to acquaint the reader with the books and periodicals as intimately as direct access to the stacks. Depriving the scholar of stack privileges is a deterrent to the distribution of scientific information. In this connection I would like to mention that at one time I paid a special visit to a large midwestern science library in order to read some medical journals which could not be obtained in the Milwaukee area. It was first necessary to consult the catalogue files to obtain classification numbers and to make out the required request slips. Three of these, one for each journal, were then given to a clerk who inserted them in a pneumatic tube. After a thirty minute waiting period the three slips were

returned in a mechanical conveyor and the clerk notified me that not one of the journals was available. Since none of the journals were available and there was no possibility to enter the stacks in order to obtain substitute material, I left the library. I considered the day's venture a loss, but had I been permitted to enter directly to the books and periodicals I feel confident that I should have found some reading material which would have repaid me for my day's effort.

I realize that some large libraries do not permit access to the stacks of scientific journals on the grounds that it might mean more losses. However, as I understand it, this has not been the experience in the medical library field where most of the medical libraries have open stacks. Even in wartime England, stacks were open and books and journals could be taken out for a limited period. At the Radcliffe Science Library in Oxford, where I was stationed for a time, American Army medical officers were allowed the privileges of the library including access to the stacks and book loans. Since army personnel are quite itinerant, I consider that this demonstrates dramatically the desire of librarians to help the patron.

The client appreciates the librarian who calls back a desired volume which has been borrowed by someone else for an extended period. It is my opinion that if borrowers feel that it is necessary for them to borrow books for longer than two months, then it would probably be worthwhile for the individual to purchase his own copy so that the library can return its copy to circulation. Librarians should not be over-awed by doctors—they may be authorities in the field of medicine, but they are not authorities in the management of libraries.

I suppose that one of the reasons that I have enjoyed the time I have spent in libraries is that there is usually a pleasant unhurried atmosphere of friendly helpfulness. Sometimes I may need little or no help from the librarian in finding the material which I need. At other times, considerable time and help may be needed to find specific articles or books. In any case a friendly cooperative attitude does much to stimulate and aid in the use of the library. Of course the same applies to the client who must not abuse the hospitality and patience of the librarian by being brusque and demanding.

Physical Facilities for the Use of Books

Desirable physical surroundings and pleasant working conditions are naturally an incentive for more complete use of the library. I realize that the librarian's ability to improve the physical working conditions of the library is limited by the funds which the administrator and trustees allocate for this purpose. However, the clean, orderly library is conducive to work. Adequate lighting among the recesses of the stacks can be a great help in searching, especially among older books where the spine notations may be worn. Good lighting is essential to the client who wishes to spend an entire afternoon reading current periodicals in an effort to keep informed.

Some readers have stated that they would like to have tables adjacent to the stacks for scanning books and bound periodicals especially if these are large and heavy. Such tables are convenient for the reader who wishes to make notes as he peruses the volumes in the stacks.

A desirable physical feature in the library would be small study alcoves adjacent to the stacks. These alcoves would provide a bit of quiet privacy where books could be collected around the reader's chair and where he could diligently pass an afternoon reading and making notes.

Some libraries have a reading lounge with comfortable chairs and reading lamps. Such a physical arrangement is especially satisfactory for reading current periodicals.

However, I do not wish to imply by these suggestions that the acquisition of additional books and periodicals should at any time be secondary to the improvement of the physical facilities of the library. Faced with a choice between improved library facilities and the acquisition of additional books and written material, I should prefer to work in the dark and dusty recesses of a well stocked library than in the most modernly decorated library with only a limited amount of information available.

Training in Use of the Library

I have observed that many students and practitioners have only a limited knowledge of the use of bibliographic indexes, catalogues, classification and notation systems. As an illustration of the lack of such library knowledge, particularly in the use of reference indexes, let me cite to you the following incident. At a recent oral examination in which I assisted in examining candidates for the certificate of one of the medical specialty boards, I asked each candidate the following questions:

1. Doctor, let us suppose you are preparing a paper on an unusual and interesting case in your practice for presentation to your county medical society and subsequent publication in a national medical journal of repute. What sources of reference would you consult in order to obtain a reasonably complete bibliography? Seven of the eight candidates mentioned only one reference index—The *Quarterly Cumulative Index Medicus*. One candidate was successful in naming three reference works—The *Quarterly Cumulative Index Medicus*, Army Medical Library *Current List of Medical Literature*, and the *Index-Catalogue of the Surgeon General's Library*. In addition to these, I had hoped that they might also know the name of the *Index Medicus*.

2. Since these doctors were all supposedly near specialty certification and, therefore, ostensibly at consultant rank in the profession, I asked the following question: Doctor, in your bibliographical search you would naturally consult the current periodicals in your specialty. What are the English language journals completely devoted to anesthesiology? Two of the candidates were able to name

three of the four English language journals devoted to anesthesiology. Each of the other candidates was able to answer only two of the journals, making a mark of 50 per cent.

3. The third question asked each candidate was: Doctor, in the preparation of your article you note a reference in the literature to an article appearing in a foreign language journal. Not being able to obtain the journal or not wishing to translate the article, you desire an English abstract. What are the English language medical journals completely devoted to abstracts? None of the candidates could answer this one, although one did come close by mentioning that he thought there was a journal which was located in Holland which published abstracts.

Now the remedy for this situation is of course that the teachers or department directors where these doctors study should impress upon them the need to know the use of these reference indexes and abstract journals. Here is also a field where the librarian can help. These prospective scholars could be trained in the use of the library in small groups thus saving time for the librarian.

Another feature to aid the newcomer in the quick use of the library would be a diagram or directory board of the library, outlining the arrangement of books and periodicals. This is particularly advantageous in the large library where it saves the librarian the time and effort required to answer individual questions regarding location of material. It is particularly important to have well marked out the place in the library where the reference works, biographical books, *Readers Guide to Periodical Literature*, and abstract journals are located.

Summary

I have outlined some of the conditions which I consider are essential in the organization of the library in order to induce efficient participation by the reader. Some of the factors discussed were the importance of the catalogue and classification systems, the privilege of access to the library stacks, the cooperation of the librarian, and the desirable physical arrangement of the library. The need was demonstrated for training scholars in the use of the library. The librarian's interest in the above factors is just as intense, if not more so, than the client's, for the librarian probably uses the library more than any one single individual.

The Disasters and Epidemics of a River Town: Memphis, Tennessee, 1819–1879

By S. R. Bruesch, M.D.,
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A SMALL town was laid out on the fourth Chickasaw Bluff in May of 1819. General James Winchester, impressed by its location on the bank of a great river, named the town Memphis.[1] John Overton, the principal proprietor, predicted confidently that the town would become one of the great cities of the United States, if indeed it did not at some future date rival in splendor the ancient city of Memphis on the Nile.[2] Although Overton, the partner and intimate friend of Andrew Jackson, doubtless had an eye on the sale of lots when he made this bold prediction, he appreciated also the advantages of location which the new town would possess. High on the fourth Chickasaw Bluff overlooking the mighty Mississippi, the town had immediate access to the best in river transportation but at the same time was protected from devastating annual spring floods. The proprietors and early settlers believed also that Memphis would be a healthful town because they imagined that the elevated location would provide 'good air' and thus exempt its inhabitants from many of the diseases teeming in the lowlands.

As the Memphis of 1951 is a prosperous city of 400,000 people and rivals its ancient namesake in size, if not in splendor, John Overton's prediction of 1819 seems strikingly presciential. But had he lived to witness the many crises which were thrust upon the developing town, there would have been occasions when he might have wondered whether Memphis would even survive. For the 'Ole Man River,' which Overton envisaged as the town's greatest asset, often turned against it and brought disasters and epidemic diseases in wave after wave until the inhabitants were on the brink of abandoning the site to its aboriginal wilderness. It is the purpose of this paper to describe some of the disasters and epidemics which Memphians faced during the formative stages of their city.

The Memphis of 1830, with a population of 663, must have been a barren place. There were no paved streets or sidewalks, mud was everywhere, and in-

[1] Williams, Samuel Cole. Beginnings of West Tennessee. Johnson City, Tenn., The Watauga Press, 1930, p. 126.

[2] Brown, Col. James. Early reminiscences of Memphis and West Tennessee. Old Folks' Record, 1: 403–407, 1875.

describable filth overran vacant lots and public squares. An English press correspondent, touring the South, described his feelings in the form of this couplet:

> "I wonder why they gave it such a name of old renown,
> This dreary, dismal, muddy, melancholy town."[3]

Flatboats were in abundance on the river-front; perhaps as many as a hundred were tied up at the wharf at one time. These flatboats, travelling singly or in fleets, poured annually thousands of travelers, adventurers, and rough flatboatmen into Memphis. Some of these men were unloaded ill and dumped upon the mercy of the inhabitants; others became ill while ashore and remained behind when their flatboat departed; still others carried diseases into the town and left behind virulent reminders of their visit. A contemporary observer penned this extravagant description of the dangers from disease that flatboat travelers encountered:

"Perhaps there is no river in the world, whose waters and borders witness as much sickness and death as the Mississippi . . . Ambitious, enterprising young men (and many aged, that have perhaps before safely tried the experiment) that have never before perhaps left their own county or state, forsake their homes of plenty, parents, brothers and sisters—the very sanctuary of happiness on earth—throw themselves on the bosom of the Ohio in a miserable damp *flatboat*, float into the whirling Mississippi, and haste along its gray turbid waters, into the region of sickness and death . . .

"Coming from a high, hilly country, with its mountain air and pure water (as is generally the case with strangers here) to one low and damp, partly inundated with floods two or three months in each year, leaving ponds and pools of dead stagnant water scattered along the river's valley for a thousand miles, with vegetation luxuriant beyond bounds and a sun at fever heat, filling the atmosphere with a miasma of the most poisonous type, and in a climate whose citizens even flee from the ravages of its deadly maladies, half of the time where the call for a Physician cannot be heard or the healing influence of medicine sought, among strangers hardened in scenes of death, cold and friendless, no mother or sister to soothe and soften with their anxious and watchful presence, the pains of a lingering and a painful sickness, you die, unknown and unwept, and in thoughtless silence buried upon the bank of the river, perhaps without a shroud or coffin, a tree or stick for a tomb-stone, a little hill of mud swelling over your body, and the first heaving of the mighty river sweeping all away into the recesses of its turgid bowels.

". . . Our little grave yard, on the bluff, canopied with shade trees, will tell you its grass wavers over from 50 to 60 strangers—the death pits of Orleans can tell of their *tens of thousands.*"[4]

It was estimated in 1836 that 500,000 persons annually traveled by or through Memphis. During the year 1835, a total of 140 ailing persons were cast ashore and left to the charity of the 1,700 inhabitants of the town.[5]

[3] Young, J. P. Standard history of Memphis, Tennessee. Knoxville, Tenn., H. W. Crew & Co., 1912, p. 131.

[4] Latham, S. L. Editorial in Randolph *Recorder*, Sept. 16, 1834.

[5] Memphis *Enquirer*, March 19, 1836.

As early as Nov. 27, 1829, the Legislature of Tennessee, recognizing this burden of sickness thrust upon the town from the river, authorized the erection of a state hospital in Memphis.[6] But the original appropriation was a mere $3,300 and no provision was made until 1832 for the hospital's maintenance. Recognizing the inadequacy of this initial effort, the Legislature authorized on Dec. 10, 1835, the sale of the original Memphis Hospital and made a supplementary appropriation of $5,000 to enable the Board of Trustees to erect a more suitable building on a larger site. By 1836 the Legislature felt unable to cope with the situation and petitioned the Congress of the United States for assistance. The legislators argued in their memorial that:

"The erection of a Hospital at this point suitable for the relief of the worn down, sick and necessitous traveller, and such as may ease sufferings of the dying son of misfortune and poverty, and afford him a decent burial in a strange land, is a matter which your memorialists deem well worthy the aid of the nation . . ."[7]

The memorial of 1836 was without result and a similar memorial was sent to Congress in 1850,[8] again without result. A U. S. Marine Hospital was established eventually in Memphis in 1884. In the meantime, the State of Tennessee continued its support of the Memphis Hospital in amounts varying from $5,000 to $7,000 annually until April, 1853, when the Federal Government arranged to pay the expense of treating river boatmen.[9] Hospital reports for the years 1851, 1852, and 1853 show that between 2,500 and 3,000 persons applied annually for medical aid, of whom about 1,500 were connected in some way with river commerce.[10] The tiny hospital could admit only a small proportion of these applicants, however; e.g., in 1852 it cared for 189 patients. Many of the applicants were accommodated as out-patients in the Memphis Medical College Dispensary, which treated a total of 1,104 cases in 1853 and 1,347 in 1854. The State relinquished its interest in the buildings and land of the Memphis Hospital to the City of Memphis in 1873.[11] This Memphis Hospital, founded in 1829, has been developed into the present John Gaston Hospital and now provides the principal clinical teaching facilities for the University of Tennessee College of Medicine.

[6] Journal of the Senate, State of Tennessee, Eighteenth General Assembly. Nashville, 1829.

[7] Public acts passed at the first session of the twenty-first General Assembly of the State of Tennessee, 1835–6. Nashville, S. Nye and Co., 1836, p. 215–216.

[8] Acts of the State of Tennessee passed at the first session of the twenty-eighth General Assembly for the year 1849–50. Nashville, M'Kennie and Watterson, 1850, p. 561–563.

[9] Quintard, C. T. Health and mortality of Memphis (Report on years 1851, –52, –53). Memphis Medical Recorder, 2: 193–220, 1854.

[10] *Ibid.*, p. 216.

[11] Acts of the State of Tennessee passed at the first session of the thirty-eighth General Assembly for the year 1873. Nashville, Jones, Purvis and Co., 1873, p. 21–22.

Steamboat Disasters

Few steamboats stopped regularly at the Memphis wharf prior to 1838. The town of Randolph, about 80 miles upstream, obtained most of the steamboat traffic so the Memphis wharf was left with only the flatboats.[12] However, the situation began to change following the panic of 1837, and the low water of 1838; thereafter, more and more steamboats stopped at Memphis. With the rapid expansion in river traffic on the Mississippi after 1830, Memphis began to experience her share of disasters from steamboat explosions and conflagrations. Ill-prepared to receive the victims of such disasters, Memphians extemporized in a creditable manner by utilizing various public buildings as hospital wards; its physicians banded together into teams to supervise the treatment of the injured; and the women provided food, nursing, and good cheer.

The first major disaster was the exploding of the *Helen McGregor* at the Memphis wharf on February 24, 1830.[13] As steamboat visits were rare at that early date, the deck was crowded with curious visitors when the boilers exploded without warning. All those on deck were either killed or severely wounded. An exact count of the dead could not be made since no one knew how many sightseers were aboard, but the toll was estimated at 30 to 60. The known dead totaled 16 and the severely injured 24. Memphians nursed the injured and buried the dead. The first interments in Winchester Cemetery were these victims of the *Helen McGregor* explosion.

The burning of the *Brandywine* about 30 miles upstream on April 9, 1832, cast a considerable number of injured upon the mercy of the citizens of Memphis.[14] The *Brandywine* had been racing with the *Hudson* when some unidentified racing enthusiast threw rosin into the boat's furnaces to increase its speed. Showers of sparks immediately ascended the smokestacks, were caught by a stiff wind and then blown down onto the deck where they ignited some straw wrapped about a group of carriage wheels. The wind fanned the fire so briskly that the boat was enveloped in flames within five minutes after the discovery of the ignited straw. Of at least 230 persons aboard only about 75 were saved. Many of the injured were rescued from the water and taken to Memphis for treatment.

A somewhat smaller disaster was the explosion of the *Majestic* on May 15, 1835, as the boat was pulling away from the Memphis wharf.[15] From 6 to 8 passengers were scalded to death, 8 or 10 more drowned by jumping overboard, and

[12] Keating, J. M. History of the city of Memphis and Shelby County, Tennessee. Syracuse, N. Y., D. Mason & Co., 1882, v. 2, p. 191.

[13] (a) Keating, J. M., *op. cit.*, v. 2, p. 192; (b) Lloyd, James T. Lloyd's steamboat directory, and disasters on the western waters. Cincinnati, 1856, p. 69–73; and (c) Hunter, Louise C. Steamboats on the western rivers. Cambridge, Mass., Harvard University Press, 1949, p. 284.

[14] Lloyd, James T., *op. cit.*, p. 192.

[15] Keating, J. M., *op. cit.*, p. 192.

at least 40 were burned more or less severely by the hot water and steam. The injured, mostly Swiss emigrants, were treated in Memphis and about half died.

The *Randolph* caught fire in March, 1836, as she came within sight of Memphis.[16] The ship was grounded at the landing opposite the old Magazine. A Memphis fire company and several hundred curious citizens gathered quickly at the landing, but the ship burned to the water line despite their efforts. Luckily, there was no explosion so the loss of life was limited to three slaves.

The most spectacular disaster on the Memphis waterfront occurred in the early morning hours of Dec. 3, 1855. The packet *Collier* was creeping into Memphis through a heavy fog when a fire started in her bow. The fire was not discovered until the *Collier* was about to moor to the wharfboat *Mary Hunt*. A barrel of oil ignited, exploded, and scattered flames to the *Mary Hunt*. Shortly thereafter the steamer *Mayflower*, also moored to the *Mary Hunt*, caught fire. Then oil stored on the wharf started to burn and flames shot up hundreds of feet into the air. Despite all efforts, the *Collier*, *Mary Hunt*, and *Mayflower* burned to the water line. Although the boats carried a total of 150 passengers, the calm efforts of their captains and crews enabled all the passengers to escape unharmed to shore. The only loss of life in this spectacular fire was one fireman aboard the *Collier*.[17]

The *Pennsylvania* disaster was reported by Mark Twain in his *Life on the Mississippi*. Although not himself a passenger on the *Pennsylvania*, Mark Twain's brother Henry was aboard at the time of the explosion. Eyewitnesses recalled that at about 6 o'clock on the morning of June 12, 1858, the *Pennsylvania* was creeping upstream sixty miles below Memphis when the captain ordered the engineer to "come ahead" full of steam and

> "... the next moment four of the eight boilers exploded with a thunderous crash, and the whole forward third of the boat was hoisted toward the sky! The main part of the mass, with the chimneys, dropped upon the boat again, a mountain of riddled and chaotic rubbish—and then, after a little, fire broke out ..."
>
> "The fire drove all into the wood-flat that could be accommodated there; it was cut adrift then, and it and the burning steamer floated down the river toward Ship Island. They moored the flat at the head of the island, and there, unsheltered from the blazing sun, the half-naked occupants had to remain, without food or stimulants, or help for their hurts, during the rest of the day. A steamer came along, finally, and carried the unfortunates to Memphis, and there the most lavish assistance was at once forthcoming ..."[18]

Mark Twain then described the treatment of the injured:

> "Forty of the wounded were placed upon pallets on the floor of a great public hall[19] and, among them was Henry. There the ladies of Memphis came every day, with flowers, fruits,

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[16] Memphis *Enquirer*, March 29, 1836.

[17] Memphis *Commercial Appeal*, June 19, 1938.

[18] Clemens, Samuel L. Life on the Mississippi. New York, Harper & Bros., [c. 1874] p. 178–179, 181–182.

[19] Mark Twain's great public hall was the Criminal Court Room in the Exchange Building,

and dainties and delicacies of all kinds, and there they remained and nursed the wounded. All the physicians stood watches there, and all the medical students; and the rest of the town furnished money, or whatever else was wanted. Memphis knew how to do all these things well; for many a disaster like the Pennsylvania's had happened near her doors, and she was experienced, above all other cities on the river, in the gracious office of the Good Samaritan."

Mark Twain's tribute to Memphis is made all the more remarkable when one learns the fate of his brother Henry. The story is best told by Mark Twain himself:

"I found Henry stretched upon a mattress on the floor of a great building, along with thirty or forty other scalded and wounded persons, and was promptly informed, by some indiscreet person, that he had inhaled steam, that his body was badly scalded, and that he would live but a little while; also, I was told that the physicians and nurses were giving their whole attention to persons who had a chance of being saved. They were short-handed in the matter of physicians and nurses, and Henry and such others as were considered to be fatally hurt were receiving only such attention as could be spared from time to time, from the more urgent cases. But Doctor Peyton, a fine and large hearted old physician of great reputation in the community, gave me his sympathy and took vigorous hold of the case, and in about a week he had brought Henry around. He never committed himself with prognostications which might not materialize, but at eleven o'clock one night he told me that Henry was out of danger and would get well. Then he said 'At midnight these poor fellows lying here and there all over this place will begin to mourn and mutter and lament and make outcries, and if this commotion should disturb Henry it will be bad for him; therefore ask the physicians on watch to give him an eighth of a grain of morphine, but this is not to be done unless Henry shall show signs that he is being disturbed.'

"Oh, well, never mind the rest of it. The physicians on watch were young fellows hardly out of the medical college, and they made a mistake—they had no way of measuring the eighth of a grain of morphine, so they guessed at it and gave him a vast quantity heaped on the end of a knife blade, and the fatal effects were soon apparent. I think he died about dawn . . ."[20]

The greatest of Mississippi River disasters was the destruction of the *Sultana* on April 27, 1865.[21] Just 17 days after the surrender of Gen. Robert E. Lee and 12 days after the assassination of President Lincoln, the loss of the *Sultana* took from 1200 to 1700 lives, mostly those of Union troops recently released from Confederate prisons. The magnitude of this disaster becomes more evident if the reader will recall that 1,513 lives were lost in the sinking of the *Titanic*, 1,198 in the *Lusitania*, and 812 in the *Eastland*. The loss of the *Sultana* was the greatest tragedy in American waters and one of the greatest in marine history.

In the early morning hours of April 27, 1865, the *Sultana* was making slow progress upstream because she was carrying a load at least six times her capac-

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where the patients were divided into five wards, with three physicians to each ward. Also, some patients were taken to several of the hotels. None was taken to the City Hospital because its 20 beds were already occupied. (Memphis *Daily Appeal*, June 15, 1858).

[20] Clemens, Samuel L. Mark Twain's Autobiography. New York, Harper & Bros., 1924, p. 310.

[21] Memphis *Argus*, April 28, 1865.

ity.[22] Contemporary estimates of the number of persons aboard varied from 2,036 to 2,500; in addition to passengers, she carried nearly 100 horses and mules and other cargo. Having departed from the Memphis wharf at 2 A.M., the *Sultana* was about 7 miles upstream when her boilers exploded suddenly, raising the entire middle portion of the boat high in the air and scattering it over the water. Fire broke out soon after the explosion and the ship was enveloped quickly in flames.

The explosion occurred at an unusually wide portion of the river; the banks on either side were about 1½ miles away from the stricken craft. Some of the passengers and crew were killed outright by the explosion; others died during the fire which followed; but most of the casualties were suffered among the many who were thrown or jumped into the water. As the explosion happened on a dark night, the glimmering glare of the burning ship revealed the ghastly scene of a thousand or more persons struggling in the cold water to keep afloat and remain alive. Some were fortunate in being able to grasp a plank or other piece of debris from the exploded superstructure, but many of these were so chilled by the icy water that they were unable to keep afloat until either rescued or cast upon the shore. Others, frenzied with fear, grasped at each other and were drowned. During the hours of darkness those victims afloat in the water were carried various distances downstream, some as far as 7 miles below Memphis, before being cast ashore. As soon as dawn broke the steamers *Pocohontas*, *Jenny Lind*, and *Bostonia* and the iron-clad gunboat *Essex* set out from Memphis to pick up the survivors. All during the morning of April 27th these boats searched up and down the banks of the river, picked up survivors, and brought them back to Memphis.

Judging from the reminiscences of the survivors, they were handled in much the same way following their rescue. As soon as the victim was pulled aboard the rescue ship, liberal quantities of whiskey were poured into him, he was stripped of any clothing which might have remained on him, then rolled and rubbed vigorously, and finally wrapped in a blanket, hammock, or whatever else was to be had.[23] When the rescue ships returned to Memphis, the sufferers aboard found the dock populated with ladies belonging to the Christian and Sanitary Commissions who gave each victim a pair of drawers and shirt.[24] Those able to walk started for the down-town area in their trouserless attire and were quickly intercepted by sympathetic citizens who gave them clothing and money. The injured were carried to the dock on stretchers and from there, all the hacks and omnibuses of the city having been assembled, they were transported to one of the several military hospitals then in operation in Memphis. Those less severely injured were taken to the Soldier's Home on Beale Avenue

[22] Berry, Chester D. Loss of the Sultana and reminiscences of survivors. Lansing, Mich., Darius D. Thorp, 1892, p. 29.

[23] *Ibid.*, p. 31.

[24] *Ibid.*, p. 328.

where later they were either discharged or sent to one of the military hospitals. A few were taken first to private dwellings and then sent to a hospital. This system of distributing the victims made impossible an accurate enumeration of the number rescued. A newspaper survey of Memphis hospitals made the day following the tragedy revealed that 516 survivors were being treated in the following hospitals:[25]

Officers' Hospital	6
Overton Hospital	90
Gayoso Hospital	138
Adams General Hospital	139
Washington Hospital	143

Although ten military hospitals (providing 5000 beds) had been set up in Memphis during the winter and spring of 1863 to handle the wounded from Gen. Grant's campaign against Vicksburg,[26] the patient load had been reduced so drastically by the spring of 1865 that half had been closed and the staffs reduced in the five which still remained open. Thus it is probable that, although ample hospital beds were available for taking in the victims of the *Sultana* disaster, the surgical and nursing personnel were too few to handle treatment efficiently. One of the injured recalled:

"I suffered intense pain from my injuries, especially from my dislocated shoulder and scalded hand, not having had any attention from the surgeon in charge . . . A kind-hearted matron came to my cot and washed me and wrote a few lines to my parents . . . I was finally taken to the operating room, put under the influence of chloroform, and the dislocation reduced and my other injuries attended to."[27]

Many of the more seriously wounded died before a surgeon could get to them, but those who survived the first few hours probably received adequate care. Surgeon B. J. D. Irwin superintended the reception and carrying of victims to places where their wounds could be treated.[28] Most of the survivors were discharged within a week and sent on to their Northern homes but some were kept in the hospital for as long as a month. Many survivors recalled particularly the great kindness of Memphis citizens, especially the ladies, who gave them food and clothing, wrote letters for them, and tried to cheer them.

The data are too inadequate to permit an accurate enumeration of the loss of life in the *Sultana* explosion. The figure listed in most modern accounts of the tragedy is 1,450.[29] Brig.-Gen. Hoffman placed the loss at 1,238 in his official

[25] Memphis *Argus*, April 28 and April 29, 1865.

[26] Forman, J. G. The Western Sanitary Commission, St. Louis, Mo., Published for the Mississippi Valley Sanitary Fair, 1864, p. 75.

[27] Berry, Chester D., *op. cit.*, p. 131–132.

[28] Memphis *Argus*, April 29, 1865.

[29] The World almanac and book of facts for 1951, p. 175; Memphis *Commercial Appeal*, April 26, 1951.

military report.[30] Rev. Berry put the figure at a generous 1,700.[31] But, whatever the figure, it is evident that cupidity and carelessness had caused a wholly unnecessary loss of human life. The citizens of Memphis, although still disorganized and disrupted by the recently concluded War of Secession, responded nobly to the demands of the disaster and lived up to Mark Twain's encomium:

> "But may God bless Memphis, the noblest city on the face of the earth.
> She has done her duty by these poor afflicted creatures . . ."[32]

Cholera

Asiatic cholera reached the North American continent for the first time in 1832. Starting from Ireland, the disease reached Quebec and Montreal in June. From the St. Lawrence region, the epidemic was carried into the state of New York. The cholera then spread to Chicago and from there was conveyed across Illinois to Rock Island on the Mississippi River, from which point the entire Mississippi Valley, as far south as New Orleans, received the infection.[33] This unusual direction of spread brought the disease to New Orleans in October. Thus, cholera reached Memphis before it came to New Orleans. Davis recalled:

> "In the fall of 1832 the cholera first visited this country. The old steamer Freedom distributed it all along the river, from Louisville to New Orleans . . ."[34]

The epidemic did not spread extensively in Memphis, however, and the citizens gained the impression that they had little to fear from cholera. This belief was further strengthened by the sporadic nature of the cases in the epidemics of 1833, 1834, 1835, and 1836. The cholera cases in 1833 were confined largely to river men and a few convicts in prison. It was believed that the location of Memphis on the elevated, rolling, well-drained plateau of the fourth Chickasaw Bluff and its supply of good water from wells thirty to sixty feet deep probably did not afford ready means for the transmission of cholera.[35]

The next threat of cholera did not come until 1848–49. On Dec. 20, 1848, the steamboat *Convoy* arrived in Memphis after four days' passage from New Orleans with two or three cases of cholera on board.[36] This certain evidence of

[30] Berry, Chester D., *op. cit.*, p. 20.

[31] *Ibid.*, p. 8.

[32] Clemens, Samuel L. Mark Twain's letters. Arranged with comment by A. B. Paine. New York, Harper and Brothers, 1917, v. 1, p. 41.

[33] United States Executive Document No. 95. The cholera epidemic of 1873 in the United States. Washington, Government Printing Office, 1875, p. 588.

[34] Davis, James D. History of the city of Memphis, . . . Also the "Old Times Papers" . . . Memphis, Tenn., Hite, Crumpton & Kelly, 1873, p. 310.

[35] Niles *Weekly Register*, June 29, 1833. Cited from Chambers, J. S. The conquest of cholera. New York, The Macmillan Co., 1938, p. 133.

[36] Shanks, Lewis. A brief account of the origin, progress, symptoms, mortality, and treatment of pestilential cholera, as it occurred in the Mississippi Valley, and especially in the city of Memphis. Am. J. M. Sc., 28: 13–34, 1849.

cholera in New Orleans created considerable alarm among Memphians and stirred the Board of Health and the City Council to prepare for the expected visitation. At a special meeting of the City Council on Dec. 21, the Board of Health and Sanitary Committee were ordered to prepare reports on actions to be taken. The Board of Health urged the importance of cleaning immediately the streets, alleys, backyards, etc., and the draining and filling up of all low places. The city carried out these measures and also ordered the procuring of sufficient lime to place liberally over cellars and other offensive places.[37] In order to allay the alarm among the general population, the City Council asked Prof. James Conquest Cross to deliver a public lecture on cholera; such a lecture was delivered at the First Methodist Church early in January, 1849. Between Dec. 29 and March 10, all the cases of cholera were confined to the riverfront. This transient population, spread out for two miles along the river, was swollen to about one thousand persons by the unusually large number of flatboats at the landing. The total number of cases was not reported but the mortality for this epidemic was estimated to be 100.[38] Only sporadic cases continued after March 10. By June 23, 1849 the City Council deemed it fitting to pass a resolution setting aside a day for prayer and humiliation, business to be suspended, etc., to mark the end of the Asiatic cholera menace.[39]

Cholera appeared again in North America in 1853–54. A severe epidemic broke out in St. Louis in January and February of 1854 and continued through the spring months. The disease was also present in New Orleans but did not assume epidemic proportions until the latter part of May.[40] The disease was spread along the Mississippi River from both foci but probably the descending wave from St. Louis reached Memphis first. Cases were found at the Memphis landing as early as the middle of April but sporadic cases among the townspeople did not start until the 18th of May.[41] The disease never assumed serious proportions in Memphis, however, during this epidemic.

The epidemic of 1866 also reached Memphis by spreading down the Mississippi from foci at St. Louis and Louisville. As usual, the southern wing of the disease was spreading up the river from New Orleans and possibly the two met at Memphis.[42] But again Memphis was spared a serious epidemic and suffered no severe losses. The reappearance of the disease in 1867 created no unusual excitement.

Memphis was not threatened by cholera again until 1873. On this occasion

[37] Minutes, Memphis City Council, 1848–1849. Typescript abstract in Cossitt Library, Memphis.

[38] Shanks, Lewis, *op. cit.*

[39] Minutes, Memphis City Council, June 23, 1849.

[40] U. S. Ex. Doc. No. 95, *op. cit.*, p. 635.

[41] Editorial. Memphis Medical Recorder, 3: 35–36, 1854.

[42] U. S. Ex. Doc. No. 95, *op. cit.*, p. 671.

the epidemic was brought by boat up the lower Mississippi, cases having been found in New Orleans as early as February.[43] The first case in Memphis occurred April 15 in an Irishman who had come up the river a few days before. The second case occurred April 30 in an Italian who kept an eating-house on the river. The third case, seen on May 1, was that of a railroad conductor who lived in the square where the first case had been discovered. After May 1 cases turned up rapidly, especially in a convict camp located along the railroad; this camp was broken up and the diseased personnel then spread about the city. Cholera prevailed abundantly throughout the city from the middle of May to the middle of August and 276 persons died of the disease. This was the last outbreak of cholera of any significance in Memphis, and it is well that the disease retreated, for the citizens of Memphis needed all their energies to combat yellow fever. Actually, although frequently frightened by the menace of cholera, the disease never reached severe epidemic proportions among the citizens of the town, being largely confined to the population at the waterfront.

Yellow Fever

There is a feeble tradition that yellow fever decimated Bienville's army while camped at the site of Memphis during the winter of 1739–40.[44] The nature of this epidemic is difficult to establish but the disease could hardly have been yellow fever.

The next report of yellow fever in Memphis is the epidemic of 1828.[45] Daniel Drake, in accumulating data for his monumental *Principal diseases of the interior valley of North America*, visited Memphis on several occasions and spoke with the leading physicians concerning this epidemic of 1828.[46] Of the physicians who had come to Memphis prior to 1828, Dr. Drake could question only Drs. Wyatt Christian and Mark B. Sappington; the interview occurred in 1844 and Dr. Lewis Shanks (who came to Memphis in 1836) was also present. In his book, Dr. Drake described the epidemic in some detail: how the first case occurred Sept. 8, followed by the appearance of the disease in the patient's wife and their two children; then spread to involve about 40 out of a total population of 250–300 persons. The mortality was about 20. Dr. Drake then inquired carefully into the symptoms these patients presented and concluded: "There can

[43] *Ibid.*, p. 137–141. This is the report of Dr. John H. Erskine, late president of the Memphis Board of Health.

[44] Keating, J. M., *op. cit.*, v. 1, p. 36. Bienville's army consisted of 1200 white men, mostly Canadians, and 2400 Indians. Nearly all the whites succumbed to the unhealthy situation of the camp during the winter of 1739–1740. On this page, Keating called the epidemic malarial fever. But on p. 169 he stated that Bienville's army was decimated with yellow fever.

[45] *Ibid.*, v. 1, p. 169.

[46] Drake, Daniel. A systematic treatise, historical, etiological, and practical on the principal diseases of the interior valley of North America, . . . Second series, edited by S. H. and F. G. Smith. Philadelphia, Lippincott, Grambo & Co., 1854, p. 283–284.

be no doubt that this was genuine yellow fever." Dr. Shanks recalled that at the time of the interview Dr. Drake

"was doubtful, from the description given him of the symptoms, whether the disease was yellow fever or not; and Drs. Christian and Sappington . . .—who saw that disease, did not speak of it to me, confidently, as well-marked yellow fever."[47]

No one at the time of the epidemic called the disease yellow fever; a contemporary account labeled it "bilious fever."[48]

In retrospect, it seems probable that Dr. Drake was wrong in identifying this epidemic of 1828 as yellow fever. Carter concluded that the disease was a severe form of malaria sometimes called blackwater fever.[49]

Actually, the people of Memphis, including their physicians, held the opinion as late as 1855 that the city was north of the yellow fever zone and need not concern itself about the possibility of an epidemic. And a scientific guess that there were no considerable number of *Aedes aegypti* mosquitoes in Memphis as late as 1853 lends support to this belief.[50] Since the disease was common among the crews and passengers on steamboats coming upstream from New Orleans, Memphians hospitably took in the sick and felt quite safe in providing them with refuge. For example, in 1853 a total of 62 cases were carried off the boats at the landing between July 24 and Nov. 28, of whom 36 died.[51] Three cases among local citizens caused some question in the minds of physicians on this occasion. However, two had been exposed to yellow fever in New Orleans and the third had been closely associated with the diseased boatmen at the waterfront. After much discussion, the medical leaders concluded:

"We feel that in view of these facts, we may safely reiterate the opinion expressed in our report of last year: that yellow fever has never originated this high up the Mississippi, and that there are no causes in our locality for originating it."[52]

Thus when yellow fever actually did strike Memphis in 1855, citizens and public officials refused obstinately to believe that the disease was present.[53] Cases of yellow fever were taken off the boats as early as August 2 and altogether 40 cases could be traced directly to the river during the ensuing epidemic. The first case not connected with the river occurred on Aug. 14 and the leading

[47] Shanks, Lewis. A brief history of the commencement and progress of the yellow fever in Memphis, Tenn., in 1855, with some account of its symptoms, treatment, and fatality. Memphis Medical Recorder, 4: 204–245, 1856.

[48] Davis, James D., *op. cit.*, p. 309.

[49] Carter, Henry Rose. Yellow fever; an epidemiological and historical study of its place of origin. Baltimore, Williams & Wilkins, 1931, p. 70.

[50] *Ibid.*, p. 25.

[51] Smith, G. A., and W. J. Tuck. Letters on yellow fever at Memphis, Tenn., in 1853. New Orleans M. & S. J., 10: 662–667, 1854.

[52] Quintard, C. T., *op. cit.*, p. 213.

[53] Merrill, A. P. Yellow fever in Memphis. Memphis Medical Recorder, 4: 155–192, 1855.

physicians of Memphis agreed that the patient had yellow fever; she died Aug. 19. The next non-river case did not appear until Aug. 27 and died on the 29th. By this time the newspapers were actively denying the presence of yellow fever and were reporting the cases mentioned above as "congestive chill," "congestion of the brain," "congestion of the stomach," etc. Some of the bills of mortality revealed that diagnoses were being recorded as "not yellow fever." Mayor Douglass re-appointed and re-organized the Board of Health after the first report of yellow fever.[54] This Board visited the sick, examined the dead and, in one instance, opened the stomach of a body at the graveyard. Dr. Merrill summarized the views of the Board of Health in a letter to the editor of the Memphis *Morning Bulletin:*

> "We had several meetings; we consulted together often and earnestly; we compared notes, observations, and opinions; we agreed among ourselves about the character of the disease; no member doubted that its course was confined to the landing, and probably to the boats; we did not differ in opinion about the necessity of interdicting intercourse with the infected places;—like other recommendations of the Board of Health, they fell lifeless at the feet of those in authority, and their publication was forbidden. . . .
>
> "The Mayor and Alderman, the editorial fraternity generally, and a large number of intelligent and respectable citizens have differed with us in opinion not only as to the true character of the disease, but as to the danger of its increase—perhaps, also, to its origin. It is an honest difference of opinion. God grant that you and they may be right!"[55]

By September 25 about 50 cases of yellow fever had been reported from South Memphis, where the focus appeared to be localized. A panic then, or shortly thereafter, seized many of the residents of that area and some fled into the country. Few of the families who remained in South Memphis escaped the disease. At this stage of the epidemic, the Memphis chapter of the Howard Association was organized for the first time. This small band of self-sacrificing citizens visited the sick, night and day, to supply their wants and give them comfort. The $4,000 that the Howards spent during the 1855 epidemic was raised readily in Memphis by individual and governmental contributions.[56]

The first death from yellow fever occurred on August 7 and the last on November 25. During this period there was a total mortality from all diseases of about 150, divided chronologically as follows: 11 in August, 39 in September, 89 in October, and 11 in November. Shanks estimated that 85 were due to yel-

[54] Merrill, A. P. Letter to the editor. Memphis *Morning Bulletin*, Sept. 19, 1855. (Reprinted in Memphis Medical Recorder, 4: 179–180, 1855). Mayor Taylor had appointed Drs. Tuck, Harris, Grant, Shanks, Wilson, and Merrill to the Memphis Board of Health. Mayor Douglass re-appointed the same Board.

[55] *Ibid.*, p. 180.

[56] Shanks, L., *op. cit.*, p. 242.

low fever.[57] Four physicians lost their lives during this first epidemic of yellow fever in Memphis.[58]

It is interesting to speculate as to why Memphis remained free of yellow fever until 1855. The well-known urban habits of the *Aedes aegypti* mosquito, particularly its preference for man-made pools of water, probably supply the answer.[59] Although these mosquitoes were being transported by boat from New Orleans in repeated waves, there were insufficient man-made water receptacles in Memphis prior to 1855 to permit any significant number to breed and thus increase the mosquito population in the town. The cold of winter, of course, made survival through the year unlikely. It appears that in August of 1855, the mosquito population finally reached the number (at least in South Memphis) necessary to transmit the yellow fever virus from those having acquired the disease in New Orleans to susceptible Memphians. During the summer months in epidemic years prior to 1855 there was neither a shortage of cases of yellow fever from the boats nor of citizens susceptible to the disease; therefore, the failure of yellow fever to appear must have been due to an inadequate population of mosquitoes. In 1855 and in subsequent years the mosquitoes, being reintroduced by boat from New Orleans in the spring (or from hatching of eggs if the winter had been mild), found numerous suitable man-made breeding places in rapidly-growing Memphis. They then continued to increase until a sufficient number was reached during the late summer to transmit yellow fever to citizens of Memphis from victims landed from boats. The mosquito population decreased with the frosts of autumn and shortly thereafter yellow fever cases ceased to appear. When epidemics existed in New Orleans and yellow fever inoculated victims travelled up the river by boat, the susceptible citizens of Memphis were placed in a vulnerable position and paid a terrible price for living in a "river-town."

This thesis of a sudden increase in the *Aedes aegypti* population is further supported by the observation that the principal site of the 1855 epidemic was South Memphis. Dr. Shanks was sufficiently astute to record that:

"The infected district in South Memphis is comparatively new, having been built up and graded in the last six or eight years, and principally in three or four years. The streets nearest, and running parallel with the river, have been graded by filling up the hollows, and cutting through the ridges, almost to a level . . . These embanked and elevated streets dam up, and obstruct the flow of water through the imperfect culverts, . . .

"The different conditions of the upper and lower portions of the city, and the exemption of

[57] *Ibid.*, p. 242; Keating, J. M., *op. cit.*, v. 1, p. 367, gave different statistics for the yellow fever epidemic of 1855: out of a population of 12,000, there were 1,250 cases of yellow fever with a mortality of 220.

[58] Their names were: Drs. Z. Harris, R. B. Berry, J. Jos. Williams, and M. Gabbert.

[59] Carter, Henry Rose, *op. cit.*, p. 41.

all that part which is best drained, from the epidemic prevalence of yellow fever, . . . indicates the leading feature, in the sanitary measures, which should be carried out in the future."[60]

While a considerable portion of South Memphis suffered so signally, it was also recognized by the physicians of Memphis that

"The cause of the disease is specially active at night, and upon persons sleeping . . . Persons sleeping in upper stories are less liable to the disease than in lower; and it is generally supposed that the kindling of moderate fires in bed chambers during the night is a protection."[61]

Also,

"It is well known that . . . prisons have protected their inmates from yellow fever . . ."
"The new Memphis jail, which is probably the worst ventilated prison which has been erected in America during the last half-century, will probably afford the same protection to its inmates in case an epidemic of yellow fever should ever occur here."[62]

Yellow fever did not return to Memphis until 1866 when only sporadic cases were reported. An epidemic in 1867 was somewhat more severe and had a mortality of about 250.[63] The epidemic was confined to the Northeastern section of the city and prevailed from Sept. 12 to the middle of November.

The epidemic of 1873 was the first serious invasion of yellow fever. The fever prevailed from late August to November 9 with an estimated mortality of 2,000. As severe epidemics of smallpox and cholera had visited Memphis during the winter and spring of 1873, the citizens were confident that no further misfortune awaited them. This hope was shattered on August 10 when the steamtug *Bee* from New Orleans left one sick deck-hand at "Happy Hollow"—an under-the-bluff community at the northern limit of the city populated by a few low-class Irish families and Negroes.[64] The deck-hand died in a few hours and the next day the body of the captain of the *Bee* was returned to Memphis from Osceola, where he had died. Both deaths were attributed to yellow fever. Within a few days, yellow fever broke out in the Hollow and by September 1 it had spread to the top of the Bluff and into "Pinch"—a North Memphis community, also largely Irish.[65] But the Board of Health did not decide officially that the

[60] Shanks, L., *op. cit.*, p. 222–223.

[61] Merrill, A. P., *op. cit.*, p. 172.

[62] *Ibid.*, p. 174.

[63] Saunders, D. D. Observations on the five yellow fever epidemics, occurring in the city of Memphis, Tennessee. Tr. M. Soc. Tennessee, 1882, p. 62. Keating, *op. cit.*, v. 1, p. 677, stated that the epidemic of 1867 claimed 550 victims out of 2,500 cases.

[64] Erskine, John H. A report on yellow fever as it appeared in Memphis, Tenn., in 1873. Reports and papers presented at the meetings of the American Public Health Association in the year 1873. New York, Hurd and Houghton, 1875, p. 385.

[65] Quinn, Rev. D. A. Heroes and heroines of Memphis, or reminiscences of the yellow fever epidemics that afflicted the city of Memphis during the autumn months of 1873, 1878, and 1879. Providence, R. I., E. L. Freeman & Sons, 1887, p. 66.

epidemic disease was the dreaded yellow fever until September 13.[66] Consternation ensued and it is estimated that 25 to 30 thousand persons left the city during the next few days. Of the 10 to 15 thousand who remained (the 'can't-get-aways'), the majority were Negroes or poor white Irish. Since few Negroes contracted the disease in this epidemic, most of the 5,000 cases were among the Irish. The number of dead was placed at from 1,500 to 2,000.[67] An improvised yellow fever hospital, called the Walthall Infirmary, was opened September 25 in a large dwelling originally built as residence for the commandant of the Memphis Navy Yard.[68] Dr. Luke P. Blackburn of Louisville (later governor of Kentucky) had charge of the medical services and Major W. T. Walthall of Mobile handled the administration. Donations from the outside began to pour in soon after the serious nature of the epidemic was known abroad. The reorganized Howard Association alone received a total of $124,245.38 for use in its relief work.[69] With the coming of the frosts in October, the cases began to be less frequent and the disease had disappeared by Thanksgiving. By late December most of the prominent citizens had returned and trade was being carried out briskly. But now there lurked the fear in everybody's mind that they must consider the possibility every summer that yellow fever would strike again in its swift and deadly way. As a result of this feeling that "they lived in a temporary world," property values began to fall and taxes remained unpaid, and no important plans were made for the future. The population of the city ceased to increase after the yellow fever panic of 1873.[70]

The lurking fears set up by the ordeal of 1873 became a reality in 1878 when Memphis suffered what is, relatively, perhaps the most severe epidemic in the history of American cities. A near-panic was created when the morning papers of July 26th, 1878, carried the news that yellow fever had made its appearance in New Orleans and threatened to become an epidemic.[71] Dr. John Erskine, the health officer, obtained permission from city authorities to establish a quarantine on all railway and steamboat traffic and this was done promptly. But despite this

[66] Mallory, J. B. Account of the yellow fever epidemic in Memphis, Tennessee, in 1873. Am. J. M. Sc., 67: 343–359, 1874.

[67] (a) Erskine, John H., *op. cit.*, p. 389, placed the number of dead at 1,500.

(b) Mallory, J. B., *op. cit.*, p. 348, stated that the number of counted dead in the infected district was 1,500 and that the estimated total must be placed at 2,000 to take into account the large number of dead buried without the services of an undertaker.

(c) Edwards, Richard. In memoriam of the lamented dead who fell in the epidemic of 1873. Memphis, 1873, p. 59. Edwards attempted to list all the victims by name and compiled a total of 1,664, which he admitted was not complete.

[68] Mallory, J. B., *op. cit.*, p. 348.

[69] *Ibid.*, p. 350.

[70] Capers, Gerald M., Jr. The biography of a river town. Chapel Hill, University of North Carolina Press, 1939, p. 193.

[71] Keating, J. M. A history of the yellow fever. The yellow fever epidemic of 1878, in Memphis, Tenn. Memphis, Howard Association, 1879, p. 105.

quarantine, yellow fever was diagnosed August 2 at the City Hospital in a steamboat man and on August 14 the first case originating in the city was announced publicly (although earlier cases had probably occurred). When 22 new cases were announced the morning of August 15, the citizens began a rush, passing all bounds and limits of sense, to get out of Memphis. Those who scared less easily were convinced when 33 new cases were announced on the 16th of August and the whole population was precipitated into a panic. All business was stopped; stores and offices were closed. Although railroads were the most popular means of escape, every possible conveyance was put to use. In less than 10 days (by August 24), 25,000 people had fled from the city, leaving fewer than 20,000 persons to face the consequences of an enemy they could not escape.[72] By mid-September it was estimated that the population numbered 19,600, of whom 14,000 were Negroes. When the epidemic ended in the latter part of October, roughly 17,600 cases of yellow fever had occurred out of this population of somewhat less than 20,000. The mortality was placed at 5,150, although the exact number can never be known.[73] The mortality rate was much higher in the white population (75%) than among the Negroes (7%). It is estimated that not more than 200 of the white persons remaining in the city escaped contracting the disease. As in 1873, the toll was heaviest among the Catholic Irish and, in fact, practically eliminated this group from Memphis.

This report by an onlooker gives some idea of the desolation brought on by the epidemic:

"To a stranger the aspect of Memphis during the epidemic was most appalling. The principal thoroughfares as well as the lanes, alleys and side-walks, were saturated with lime, carbolic acid, and other ill-odored disinfectants. The streets were obscured with smoke of ignited tar and other evaporant combustibles, with a view to scatter or dissipate the *spores*. Bedsteads, ticks, blankets, whereupon patients died, might be seen burning at almost every street corner. You might walk or ride several miles on Main Street, the principal thoroughfare, and not meet five persons. Wagons and carriages were so seldom seen that their appearance lent an air of dreariness to the scene . . . Outside each undertaker's shop were piles, if not mountains, of coffins or improvised boxes for the poor. The only evidence of living humanity seemed to be the hearses and vehicles carrying the dead to the different Cemeteries."[74]

Every type of organization participated in the relief work, but the Howard Association, the Citizens' Relief Committee, and the Catholic Church carried most of the burden. Funds began to pour into the stricken city from all parts of the United States, but, more important, hundreds of physicians and nurses arrived to help care for the sick. These doctors and nurses fared no better than the rest of the population. Seventeen resident and 28 volunteer physicians lost their lives in this epidemic.[75] The Howard Association had a staff of 111 physicians

[72] *Ibid.*, p. 108.
[73] *Ibid.*, p. 116.
[74] Quinn, Rev. D. A., *op. cit.*, p. 190–191.
[75] Keating, J. M. History of yellow fever, p. 117.

and 2,995 nurses; it is estimated that this group cared for 15,000 cases. The Howards received $400,412.54 in donations and spent $415,790.53 during the epidemic.[76]

Signs of recovery were not so rapid in Memphis after the epidemic of 1878 as they were in 1873. Thousands of the refugees never returned. The municipal government went increasingly into debt and finally surrendered its charter to the Legislature, and the city of Memphis, officially speaking, came to an end.[77] Although some sanitation work was started during the winter and spring of 1879, the measures evidently did not eradicate enough of the breeding places for the *Aedes aegypti* because sporadic cases of yellow fever began to appear again in Memphis as early as June. Once more the exodus began and the population was reduced from about 40,000 to 16,110 by the end of July.[78] Between July 9 and Nov. 10 there were 2,010 cases of yellow fever with a mortality of 587. This epidemic persisted until the middle of November. In December of 1879 the future of Memphis looked dark indeed, for even its most loyal citizens were leaving. After three devastating epidemics of yellow fever, it is a wonder that Memphis did not shrink into a forgotten village, or an interesting pile of ruins for some future sightseer to probe about. But with the help and advice of the National Board of Health,[79] drastic sanitary measures were undertaken late in 1879 by the governing authorities of the taxing district (which had replaced the municipal government). Evidently this time the breeding-places of *Aedes aegypti* were eliminated, for, although the cause of yellow fever was not determined until 1900, Memphis never suffered another major epidemic of the disease.

With the end of epidemic yellow fever in 1879, Memphis was relieved of its major peril from the river and once again could take advantage of the waters of the Mississippi for commerce and transportation. A new population moved into the deserted city, mostly from the surrounding agricultural communities, to replace the Irish, the Germans, and the old-time aristocracy, who either died in the epidemic or fled from the city. Memphis had managed somehow to survive the worst disasters and epidemics which the mighty Mississippi River could thrust upon its citizens. But Memphis did not survive unscarred; to this day a close observer may find signs of these scars in the cultural and social life of the city.

[76] *Ibid.* Detailed reports on the activities of the Memphis Howard Association during the 1878 epidemic are included in the appendix, p. 329–376.

[77] Acts of the State of Tennessee passed at the first session of the forty-first General Assembly for the year 1879. Nashville, 1879, p. 13–15.

[78] Keating, J. M. History of Memphis, v. 1, p. 676.

[79] Boston M. & S. J., 101: 888, 1879.

The Bibliographic Responsibilities of National Voluntary Health Agencies*

The National Society for Crippled Children and Adults

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BY DISCUSSING the services of the Library of the National Society for Crippled Children and Adults, I hope to show how a library and its staff can provide services that contribute to the program of a national organization. Certain aspects of such a national program can be best performed only by a library. I propose first, however, to explain briefly the place of national voluntary health agencies in the health structure of this country, and, specifically, the place of the National Society for Crippled Children and Adults in providing rehabilitation services to the handicapped.

The concept of the rehabilitation of the physically handicapped developed out of the movement for organized charities that had its beginnings in the 1870's. Traditionally, the disabled person had no choice but to be a street beggar, a family dependent, or an inmate of the public poorhouse or charitable asylum. The old concept was that the status of the poor and distressed was fixed; their lot could be alleviated only by almsgiving and institutional care. Only within the last one hundred years has the principle become generally recognized that the causes of poverty and distress can be eliminated and that society is obligated voluntarily or by law to provide the help and care that any person may need in order to lead a socially useful life. Today, modern philanthropic organizations have assumed as their responsibility to extend to those with special needs the medical, educational, and social resources that are at hand to make citizens healthy, contented, and productive.

In the United States the voluntary health movement has taken a permanent and important place in the nation's health program. Our public health structure has been compared with an equilateral triangle:[1] one side of the triangle is the voluntary health agency, the second side is the governmental, tax-supported health agency, and the base is the medical profession. Each side is of equal importance, for without the support of the public and the enthusiasm of the

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volunteer, the medical profession would be working alone in a population that is apathetic and uninformed—a situation that does exist in many parts of the world. Since about 1900 private health organizations have been formed to fight tuberculosis, the venereal diseases, cancer, blindness and deafness, heart disease, poliomyelitis, diabetes, and the variety of crippling and disabling diseases. Similarly, citizen groups have interested themselves in such health problems as maternal health and infant care, nutrition, nursing services, and mental hygiene. The motives of the men and women in forming and developing these health programs are very much the same as citizens active in other types of social welfare organizations: to help those with special needs and to work towards the reduction and eventual elimination of such causes of distress.

It was reported in 1945 that there were 16 national voluntary agencies engaged in 17 major fields of health activity, that there were 290 state and regional agencies, and 20,248 in local communities of the country.[2] It was estimated that there were at least 300,000 citizens freely giving of their time and money by serving on the boards of these health organizations. The number of volunteer workers in addition to the board members exceeded one million, exclusive of the millions of Red Cross workers. The influence of these numbers in matters of health is seriously to be reckoned with. The professional groups—particularly members of the medical professions—inevitably find themselves associated, happily or unhappily, with these groups of volunteers.

How the 16 national health agencies are organized and operate inevitably differ one with the other. The organization and program of the National Society for Crippled Children and Adults may, however, illustrate certain broad principles.

The National Society was founded in 1921 in Elyria, Ohio, and is today a federation of more than 2,000 state and local member societies. The services of the Society are supported primarily by the Easter Seal appeal in the spring of each year. These services supplement and extend rather than duplicate the work of other public and private agencies. They cover three areas of activity:

1. *Education* of the public, professional workers, and families of the crippled.
2. *Research* into the causes, treatment, and prevention of crippling conditions.
3. *Direct services* to the handicapped. Those involving therapy include diagnostic clinics and out-patient treatment centers, curative workshops and rehabilitation centers, speech therapy centers, and hospital schools and convalescent homes. Other services pertain to recreation, education, and employment.

Although prevention of crippling conditions is the ultimate objective, activities concerned with education and direct services are more immediate. Dr. Kessler[3] has observed that inadequate care of the majority of the physically handicapped is "because of the lack of public and professional knowledge of their possibilities and because of the ignorance of facilities that are already

available. . . ." A primary responsibility of the Society and its Library is to make information and literature available, not merely to its headquarters' staff, but to professional and lay persons throughout the country. Library services that can fulfill this responsibility must so be developed and administered.

Dr. Howard A. Rusk,[4] Director of the Institute of Physical Medicine and Rehabilitation at the New York University-Bellevue Medical Center, estimates that there are today some 23,000,000 persons in the United States handicapped to some extent by disease, accidents, maladjustment, and war. In 1946, 10,400,000 persons suffered disabling accidents, and of these 370,000 were disabled permanently. Among children alone, between 30,000 to 50,000 are permanently injured each year by accident.[5] The extent of disability is far greater among civilians pursuing peacetime occupations than disability incurred in military service. In World War II there were 20,500 amputations among servicemen, but over 120,000 major amputations among the civilian population. Approximately 1,500 servicemen were blinded during the war, while in the same period 60,000 civilians lost their sight. It is further estimated that there are more than 10,000,000 suffering from chronic disease.

Of the orthopedically disabled, at least three-fourths can be rehabilitated simply with adequate medical treatment and provision of any needed prostheses. The only additional rehabilitation services required would be special vocational counseling and selective placement in industry. The remaining 20 to 25 per cent, however, must be classified as "severely disabled" and require all the resources of society in order to bring them to the highest degree of self-sufficiency. Of the severely disabled, approximately one-fourth, or 3 per cent of the total number of disabled, can never be rehabilitated to the extent of independence, and so must live within their family or institution in the care of others.[6]

To rehabilitate the severely disabled, more than the services of the physician is needed. The rehabilitation process involves three major professional fields: the medical field, the social adjustment field, and the vocational adjustment field.[7] The professional workers in the *medical* field include the physician, the nurse, the physical therapist, the occupational therapist, the speech therapist, the physical education worker, and the dentist. In the *social adjustment* field are the medical social worker, psychiatric social worker, family social worker, the psychologist, the special teacher, the guidance counselor. In the *vocational adjustment* field are the vocational counselor, the psychologist, the prevocational teacher, the sheltered workshop supervisor, the vocational teacher, the placement agent, and "follow-up" field agent. It is the coordinated and interrelated efforts of members of these professional groups that make an effective rehabilitation program. And it is with these groups that agencies, public and private, national and local, must work in order to provide services to the handi-

capped. Next to the recruitment of properly qualified personnel, the critical problem in the administration of a rehabilitation facility is the development of an *esprit de corps* among the professional staff members. Mutual respect for and knowledge of the other's professional responsibilities and skills are essential.[8]

As a national library on rehabilitation, the Library of the Easter Seal Society serves the professional and volunteer workers of the Society. These same services are freely extended to such personnel in other organizations and institutions. In a year's time the Library receives over 5,000 enquiries by mail from professional and volunteer workers, students, health and welfare agencies, educational institutions and libraries, and handicapped persons and their families. To make the facilities of the library accessible to persons and agencies in any part of the country, the following services have been developed:

1. Publication of the *Bulletin on Current Literature*, a monthly bibliography for workers with the handicapped.
2. Compilation and free distribution of bibliographies, reading lists, and checklists.
3. The assembling and mailing of packets of free literature composed of reprints, bibliographies, and pamphlets.
4. A nationwide loan library service.
5. A reference and research service.

The Library's loan and reference collection covers all phases of rehabilitation on the care, welfare, education, and employment of the crippled and disabled. It currently receives over 500 periodicals and contains approximately 1,500 books and 35,000 reprints, pamphlets, and manuscripts. Reflecting the Society's nationwide program for the cerebral palsied, the cerebral palsy collection of the Library is more extensive, probably, than that of any other library.

An analysis of the professional fields represented in recent issues of the *Bulletin on Current Literature* shows that approximately one-half are medical references and the second half the other professions in the rehabilitation process. Of the medical literature, a breakdown indicates that approximately one-half are of primary interest to the physician, and the other half are related to the work of the ancillary therapy groups—the nurses, the occupational and physical therapists, and the prosthetic appliance researchers and manufacturers. Medical and health literature written for the general lay public comprised the largest of the other categories analyzed.

Since it is the intent of the Library staff to acquire and catalog all available materials related to the various areas of rehabilitation work, this analysis demonstrates the comparative writing and publishing activities of the different professions. It can be interpreted that approximately one half of the professional literature in rehabilitation is medical and the other half fairly evenly divided among the other members of the rehabilitation team—the psychologists, educa-

tors, speech therapists, social service workers, and vocational counseling and employment personnel.

In the process of compiling the *Bulletin on Current Literature*, the Library staff not only scans the 500 periodicals regularly received, but systematically searches the *Current List of Medical Literature*, *Psychological Abstracts*, and *Child Development Abstracts*. The indexing services of the H. W. Wilson and Company are also scanned for the more important titles. The *Quarterly Cumulative Index Medicus* and *Index of Current Hospital Literature* are used primarily for other types of research and reference work. Since, however, the *Bulletin on Current Literature* lists and abstracts only those items acquired by the Library, and since little is acquired outside of American and British publications, the *Bulletin on Current Literature* cannot be considered as an international reference source. It should be regarded, rather, as the index to literature in English on the rehabilitation of, and services for, the physically handicapped. As an index to current literature it complements and supplements the abstracts sections of such specialized journals as the *Archives of Physical Medicine*, *Occupational Therapy and Rehabilitation* (now called the *American Journal of Physical Medicine*), *Physical Therapy Review*, *Exceptional Children* (which is compiled by this Library), and the publication, *Selected Rehabilitation Abstracts*, of the U. S. Office of Vocational Rehabilitation.

The *Bulletin on Current Literature* is received regularly by some 1,500 institutions, agencies, and professional persons. A readership survey completed in 1950 showed the professional interests of the subscribers, and revealed that many of the child welfare workers, nurses, therapists, social case workers, and special teachers use the *Bulletin* to keep themselves informed as much of the work of other professions as of their own. It is questionable, however, that physicians, even those working in rehabilitation, avail themselves of this opportunity to the same degree.

Another bibliographic service of the Library for professional personnel and for students preparing for the professions is the compilation and free distribution of some sixteen bibliographies on specific subjects. Examples of these are the cerebral palsy bibliography, which annotates 319 selective titles, and the bibliography on the psychology of the handicapped, which annotates 396 titles. Of particular value to libraries are the bibliographies, "Books in Print on Rehabilitation," and "Pamphlets in Print on Rehabilitation," which include the prices and addresses of the publishers. Libraries have been encouraged to use these special bibliographies to help them to identify and acquire rehabilitation literature. These same bibliographies have been especially useful to students and others in locating such literature that has been acquired by their local libraries. In the past twelve-month period, 17,200 copies of these 16 bibliographies were reproduced for free distribution.

In the past four years the Library has prepared the "Current Literature"

section that appears in each issue of *Exceptional Children*, the official journal of the International Council for Exceptional Children, a department of the National Education Association. A substantial proportion of the literature abstracted in this journal consists of those medical references that may help to orient and inform school administrators and teachers of current medical developments in the treatment of the handicapped.

All titles listed in the *Bulletin on Current Literature* and the Library bibliographies are in the loan collection, and were included so that they may be borrowed by responsible persons and agencies in any part of the United States. This loan service is intended to supplement local library services for use primarily by professional workers in rural areas who do not have access to professional collections. Comparable package library services are offered to their memberships by such national organizations as the American Medical Association, the American Hospital Association, the American Dental Association, and the Veterans Administration library system.

As a counterpart to the services of the Library to professional groups, there are informational services to the general lay public and to the handicapped and their families. The Library acts as the clearinghouse for the thousands of general enquiries for information received by the Society concerning the care, welfare, education, and employment of handicapped children and adults. To answer these requests, reprints, leaflets, pamphlets, and bibliographies are selected by the Librarian and are mailed out as complimentary packets. Special efforts have been taken to acquire quantities of inexpensive literature on a variety of subjects so that they may be freely used in this way. Certain of the bibliographies and reading lists have been compiled specifically to supplement these publications. These same informational materials are requested by many public, school, and university libraries for use by faculty members and students in courses in health, the social sciences, and education. Rehabilitation workers also find this literature particularly useful in their work with handicapped patients or clients and their families. There is still a need, not fully satisfied by the Library yet, of a number of simple reading lists, two or three pages long, of nontechnical references that would orient the parents, students, and community leaders in certain aspects of rehabilitation and the special problems of the handicapped. Publications listed should be those easily acquired by interested individuals and libraries.

A need for a cumulative bibliography on the medical, social, and vocational aspects of rehabilitation has not been seriously felt by the staff of the National Society's Library. The publication of such a reference work has been studied by the Librarian, but until a greater interest is communicated to the Society, it is doubtful if its publication would be sponsored by the Easter Seal Society. Perhaps members of the Medical Library Association may have an opinion on this matter.

SUMMARY

In this paper I have reported the following:

1. Paralleling the efforts of the Easter Seal Society in providing a nationwide program of services to the handicapped are the efforts of its Library in developing a national library on rehabilitation.
2. The Library seeks to provide educational services to members of the professions represented on the rehabilitation team, to the general public, and to the handicapped and their families.
3. In effecting a national library service the Library has developed and utilizes a variety of bibliographic resource material, specifically the monthly *Bulletin on Current Literature* and some sixteen subject bibliographies.

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The American Cancer Society Library

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THE original concept of a medical library for the American Cancer Society was started in 1947 by the Medical and Scientific Director as "a library which will act as a clearing house for 'all information' on what is going on in all corners of the neoplastic disease field." In order to do this we have expanded from one corner of Central Files Department to a library, consisting of four rooms con-

taining a book collection of 1,500 volumes and a periodical file of over 200 titles annually, with a staff of seven. We have for several years been compiling our own indices and publishing a collection of reprints.

Since our main purpose here is to consider our bibliographic responsibilities, an accounting of our functions and allied services will be given. Our primary duty in this regard is the preparation and distribution of *Cancer Current Literature* which had its inception in 1947 by Miss Hester Bradbury, assisted by Marian Brody, after discussion with several librarians in allied fields. In this early format, the references were annotated and coverage was not as complete as it is at the present. The Society's interest in bibliographies was not held by the national office only but by the Louisiana division also. This division, with the assistance of Miss Marshall of Tulane University, developed a very fine index entitled the *Index to Neoplastic Disease*, which was prepared quarterly by Miss Parker. This was supplemented with *Neoplastic Disease Abstracts*, a newsletter-type publication, calling attention to especially important medical articles. These two publications, the *Index* and *Cancer Current Literature*, covering the same ground but differing in approach, frequency, and format, were united in 1950 after the discontinuation of the *Index* in October 1949. The national office took over the full responsibility of publication. At this time, a new format and method of presentation were arranged and a new voluming begun. *Cancer Current Literature, An Index to Neoplastic Diseases*, as it is now called, is a monthly listing, international in scope, of all articles on cancer. To insure against errors, the foreign titles are translated for us by a group of doctors who offer their services gratuitously. May I call attention to the fact that the material indexed is for the month listed on the cover; that is, the June index carries articles published in June, which fact in part accounts for the apparent time lag in the receipt of the issues. The usual time for the mailing of the journal is two and one-half to three months after the month dated. The headings used in the indexing are from the *Quarterly Cumulative Index Medicus*. Each article is indexed by primary site, type of tumor, and secondary site. An author index appears in each issue and an annual subject index appears in each December issue. In February, 1952, a two year author-subject index became available, and it is hoped one will be available biennially hereafter. This publication includes references appearing in the journals received by the New York Academy of Medicine Library and the library of the Society's national office.

At the present, the publication is distributed free of charge to doctors, medical research workers, and libraries, and to all the subscribers of the journal *Cancer*, a total of 6,000 copies. However, to meet the increasing production and mailing costs, a token charge of $1.80 yearly or 15 cents per issue was made starting with the January, 1952, issue (available in March).

In addition to our publication activities in bibliographies, the library prepares more informal bibliographies on request. We ask only that the request be as

specific as possible, stating phase, type of material, or time limit to be covered. As an example, a recent request for references on cancer of the face was received. When we asked for a more definite request, we were told that information on cancer of the lower lip in an albino Negro was really wanted. Several applicable articles were found. Any doctor or research worker may request this material. Bibliographies are prepared to include indexing for the current month. Each request is considered separately and the past year's work is usually covered unless longer periods are considered appropriate. Over 700 bibliographies are now on file on varying types or sites of tumors. Special bibliographies are prepared for organizations and group needs; for example, a bibliography on cancer of the lung covering the last five years for a group of chest surgeons and one on ACTH and cancer for the Clinical Conference on ACTH. For this kind of request, greater time is necessary so that the compilation may be completed.

Connected, and yet not the same at all, is our Package Lending Library service, modeled on the one at the American College of Surgeons. We supply reprints on cancer and other tumors to doctors requesting them. The basis of this collection is a mass of reprints resulting from the checking of the *Quarterly Cumulative Index Medicus* under approximately 900 entries. These reprints are requested, checked in, acknowledged, and classified. They are sent out either as a package or as an adjunct of the bibliography service.

Another of our functions is the preparation of the bound volumes of reprints resulting from grants-in-aid of the American Cancer Society and the Committee on Growth. The compilation of the annual volumes with their tables of contents, author and subject indices constitutes an important project of our library. The past year has seen the organization of this procedure and the preparation of the volumes for the years 1946–1947, 1948, 1949, and we are currently working on the 1950 volumes. These publications perform a dual purpose. They are an accounting of the stewardship of the research department for the grants of funds made to institutions for work in process and they serve to show the progress of cancer research over the years and the trends this research is taking in its effort to reach its ultimate goal. Since these are large, expensive volumes, a mailing list of approximately 200 libraries has been prepared with an eye to geographical distribution. The lists are such that, as long as the series is published, all libraries on the list will continue to receive them.

Since the word "bibliography" means, according to Webster, a list of articles on a related subject, I am justified in including some allied information which might be of interest to other librarians. The professional education department prepares, for use by physicians, a set of monographs each describing a different type of cancer. They are written by specialists for the medical profession and in a medical library are valuable tools for the authority and currentness of the therapy described. These may be had upon request to the professional educa-

tion department of the national office. Connected with the professional education department is the film library. This section lends films on cancer, tumors, and allied subjects for use by medical societies, meetings, and teaching institutions. A catalogue of this collection and information on it is available upon request.

The journal published by the Society for the medical profession is *Cancer*. It is a bimonthly journal, published by Lippincott Co., and is available at a subscription price of $12.00 a year. It contains articles on clinical and experimental research and progress.

The second and newer publication is entitled *CA, A Bulletin of Cancer Progress*. It is also bimonthly, is of digest size, and is planned to assist the busy doctor in keeping up with new developments in the field.

The Society's professional education and service sections sponsor, at times, conferences on specific subjects. As a result of these meetings, proceedings have been published in book form. These, to date, include the First National Cancer Conference, 1948, and the Conference on Cancer Detection, also in 1948.

Another book publication is *Cancer, A Manual for Nurses*, which is of general interest. Some of the other publications for the laity may have value in a certain type of medical library. These are available through the local divisions of the Society, which are also a source for the magazine *Cancer News*. Published for the laity, *Cancer News* is of very general interest.

It is a gratifying experience to feel there is a need for our services and to feel that in some small measure we are doing something to fill this need. When Dr. Miller or Dr. Cameron speaks at a medical meeting, we can feel the pressure of requests from that area afterward.

The subject of cancer is so vast, and so much work, time, and money are being spent in trying to conquer this disease, that any small measure of aid we can give to those actively engaged is time saved toward an early solution of the problem.

The National Health Library

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THE National Health Council, of which the National Health Library is an integral part, was founded in 1921 by a group of national health agencies. The purpose of the Council as set forth in its Constitution is "to aid in the promotion

of health throughout the nation through joint planning and, where indicated, joint action by the various members. . . ." Its aim is to strengthen all health programs, governmental and voluntary, through the joint planning and action of its members. It seeks (1) to arouse greater citizen interest and participation in community health planning, (2) to stimulate joint planning and action at local and state levels through local and state health councils, (3) to assist in securing and maintaining adequate local public health services in every community of the nation, and (4) to explore new ways in which member agencies can contribute jointly to the promotion of better health throughout the country. Starting with 11 member organizations in 1921 the Council now has 42 members.

The National Health Library began as a merger of the libraries of five member agencies. It is now housed at 1790 Broadway, where the Council and eleven national health agencies share common headquarters. A classification and subject-heading list were devised to cover the subject material of the combined collections and the field of public health generally. From this amalgamation the National Health Library has grown and developed until today it is considered one of the largest and most important collections on public health in the country. It contains approximately 7000 books, 46,000 pamphlets, and receives about 600 magazines. Many of these are bound and kept permanently, others are discarded after intervals of one, two, five, or ten years, depending on their use and importance. Bulletins and annual reports of the federal health agencies, state health departments, and the larger city health departments comprise an important part of the Library's holdings. Most of these files cover a span of many years. The Library serves as an active working library particularly for Council agencies located in the building, and when called upon extends its services to other Council agencies located elsewhere. The Library also makes its facilities available to public health workers and other individuals concerned with health promotion. The Library renders such customary services as acquisition and cataloging of materials, reference and loan services, and routing of magazines, but its indexing and bibliographic services merit special mention.

Indexing Services

Probably the outstanding service of the Library is its comprehensive indexing of public health literature. Beginning in 1921, the Library staff as a part of its bibliographic responsibilities started a comprehensive indexing of periodical articles on all phases of public health. Articles are selected from medical, educational, and sociological journals. For each article indexed author and subject cards are made. Thus, the card catalog is an index, in one alphabet, not only to the books and pamphlets but also to the many thousands of articles on public health in the periodicals on the shelves. Journals devoted exclusively to public health are fully indexed; the other medical and allied journals are indexed for

their public health content only. Special emphasis is given to the infectious diseases, the preventive aspects of diseases whether infectious or not, the social and economic aspects of diseases, medical economics, legislation, statistics, public health administration, health education, etc. Because of the interests of our member agencies, some divisions of clinical medicine are more fully indexed. Examples of these are tuberculosis, venereal diseases, mental diseases, and nursing. This comprehensive indexing has paid big dividends in enabling the Library to give quick reference service, and in saving hours of time in the compilation of bibliographies. Persons using the Library for the first time are often surprised at the speed with which a large amount of material can be assembled for them.

Bibliographic Projects

A. *Health Articles of the Week.* This mimeographed publication, formerly called *Library Index*, developed as a by-product of the extensive indexing of magazine articles. It is a weekly list containing about 50 of the more important periodical articles, classified by subject. Started in 1921, this guide to current public health literature has appeared regularly and continuously for the past 30 years. It is distributed free to staffs of member agencies; to others the cost is $5 a year.

B. *Bibliographies.* This is a service that is specially appreciated by the library users. Bibliographies are compiled upon request for staff members of the Council agencies. Because of the detailed subject breakdown in the card catalog a list of references can often be supplied by simply copying the cards. For short lists of this nature, comprising one or two typed pages, there is no charge; for longer lists and those requiring research there is a moderate charge. This bibliographic service is extended, within the Library's resources of time and staff, to others for a nominal fee.

C. *Lists of Books on Health.* The volume of health literature has increased during the last few years. Some of it is good, some bad, and some indifferent. The Council and its member agencies are concerned with the necessity of separating the wheat from the chaff in order to help lay readers choose material that is factually correct and authoritative. For example, the American Social Hygiene Association each year has published one number of its journal as a library issue for the benefit and guidance of librarians. In their own fields, several member agencies have compiled lists of books and pamphlets appropriate for lay readers.

The National Health Library as part of this effort issued an annual list of books for public libraries from 1933 through 1946. This was published in the American Library Association *Booklist* from 1937 through 1946. Extensive reorganization plans and limited staff necessitated dropping the list temporarily, but plans are now under way to revive it. In compiling this list the Library

depends on the opinion of experts in the various organizations connected with the Council and also on its extensive index of book reviews.

The Library is also cooperating with the Subcommittee on Book Appraisal of the American Library Association in the compilation of a list of recommended books on mental hygiene suitable for use in public libraries. This is being carried out with the advice and cooperation of the National Association for Mental Health, one of the agencies of the National Health Council.

Of a somewhat different nature is the list of books on public health for professional workers which is planned for publication this year. It will be a guide to the more recent important publications and will be compiled with the help of experts in the various fields covered.

D. *List of Public Health Journals.* A revised edition of the Library's "Periodicals of Interest to Public Health Workers" was published in 1951. This is an alphabetical list of 457 periodicals scanned regularly for indexing and for listing in *Health Articles of the Week.* In addition to the title of the periodical the list gives the name of the publisher and sponsoring organization and the address.

E. *Book Review File.* As an aid to the critical evaluation of health books, the Library maintains a book review file dating back to 1936. An average of 1,200 reviews selected from a cross-section of medical, health, and other periodicals are indexed each year. Arranged alphabetically by author, this file is an important aid in the selection of books for purchase and the preparation of book lists.

Contribution of the National Health Library to Professional and Lay Education in the Public Health Field

The Library contributes to professional education through its valuable collection of public health materials, through its extensive indexing of periodical literature, its bibliographies on many phases of public health, its list of books on public health for professional workers scheduled for publication in 1952, its loan service of books and pamphlets available to members throughout the United States. This last service is especially helpful to persons who do not have ready access to health literature. *Health Articles of the Week,* although admittedly far from being a complete index, still serves as a useful weekly guide to much of the more important new material and is valued by public health workers and agencies for that reason.

One of the Library's efforts in lay education has been its *List of Health Books for Public Libraries,* compiled from the many resources in the Library, and with the help of member agencies. This was described under Bibliographic Projects.

However, the main objective of the Library is to provide the Council agencies and their professional workers with the tools to carry on their jobs.

Relation of the Bibliographic and Indexing Services of the National Health Library to the Over-all Framework of Medical Indexing

The relationship of the bibliographic and indexing services of the National Health Library to the over-all framework of medical indexing can best be explained perhaps by defining the scope of the public health field and also the nature and functions of a national voluntary health agency. Winslow's definition of public health is the one most often quoted:

> Public health is the science and the art of preventing disease, prolonging life, and promoting physical and mental health and efficiency through organized community efforts for the sanitation of the environment, the control of community infections, the education of the individual in principles of personal hygiene, the organization of medical and nursing service for the early diagnosis and preventive treatment of disease, and the development of the social machinery which will ensure to every individual in the community a standard of living adequate for the maintenance of health.

This definition indicates that although public health is a part of the medical sciences the approach of the public health practitioner differs from that of the clinician and involves much more of the educational and sociological fields.

In the rapidly developing public health movement of the last half century the voluntary health agencies have played a vital and important part. What is the nature of a voluntary health agency and what are its objectives? Gunn and Platt in the report of their survey give this definition:

> The voluntary health agency is an organization that is administered by an autonomous board . . . collects funds for its support chiefly from private sources, and expends money, . . . in conducting a program directed primarily to furthering the public health . . .

In describing the work of the national voluntary health agencies Gunn and Platt list eight basic functions: 1. Pioneering, 2. Demonstration, 3. Education, 4. Supplementation of official activities, 5. Guarding the health department, 6. Promotion of health legislation, 7. Co-ordinating health activities, 8. Community health programming. Their survey, published in 1945, revealed that there were at that time over 20,000 voluntary health agencies—national, state, and local—in the United States.

The literature covering the many facets of public health is important and voluminous. One important segment of this literature is the publications of national voluntary health agencies and their state and local affiliates. According to an article in the Encyclopaedia Britannica

> In 1900 there began the movement for public education in health which has been a factor of tremendous importance ever since, not only in the widespread dissemination of popular information about preventable disease, but in bringing to the support of the official health department or health officer interest, knowledge, financial assistance and public opinion through the influence of volunteer or unofficial health agencies.

> The initial movement of this educational or public informational era of public health was that of the tuberculosis committees and societies. . . . Following the leadership and example of the tuberculosis associations, there were developed similar private health agencies first as local societies and later on a national scale to carry a lesson of prevention and health on the subject of infant mortality and child hygiene, on prenatal care of the expectant mother, on social hygiene, a synonym in the United States for venereal disease control, on mental hygiene, blindness, heart disease, etc., until the country was swept with successive waves of specialist health propaganda to stimulate appropriate public and official action.

This flow of literature has been further increased in the last 20 years by the tremendous expansion of health education activities undertaken by local, state, federal, and even international governmental agencies. This material is not adequately indexed in any one printed index.

The Library's efforts in collecting and cataloging this literature and its comprehensive indexing of articles on public health appearing in some four to five hundred periodicals have resulted in a card catalog which has been characterized in a survey of the Library by the Raymond Rich Associates as follows: "It is generally agreed by those who know it that the Index Catalogue of the National Health Library is the only relatively comprehensive index to non-clinical public health materials in existence."

There can be little question of the value of the card catalog as an index to much of the public health literature. However, to make this index of maximum use to all those concerned with public health raises other considerations. One is the question of space for such a rapidly expanding catalog, now consisting of over 300,000 cards and filling 350 trays. Another fact is that a considerable amount of time and effort go into the indexing of the periodical literature and the results are available only to those who can come to the library. *Health Articles of the Week* is a partial answer, in that it makes available to a wider audience a list of about 50 articles each week, but these are a small proportion of the total number indexed.

There is increasing recognition of the need for a printed index to public health publications which would include the preventive, sociological, and educational aspects of medicine as it is practised by public health workers. Preliminary discussions and plans have conceived of it as similar to the *Education Index* in that it would cover the important books and pamphlets as well as periodical articles and would be issued on a monthly basis with an annual cumulation. This project, if undertaken, would require careful planning and study to avoid duplication so far as possible and to correlate it with existing indexes.

Experience at the National Health Library indicates that such an index is needed because:

1. The public health field is a large and an important field in itself and there is no satisfactory printed index to its non-clinical materials. The card catalog of the National Health Library is considered to be the nearest approach to such an index.

2. There are thousands of public health workers whose interests would be served by such an index.

3. Although public health is classified as a division of medical science, much of its subject matter and ideology are quite different from clinical and therapeutic medicine.

4. There is an increasing amount of published materials dealing with the various aspects of public health.

Summary

The National Health Library, through its comprehensive cataloging and indexing, has been serving the bibliographic needs of the National Health Council and many of its member agencies.

Further plans for extending its bibliographic services have been mentioned, including what many believe should be the main objective in future planning, namely the promotion of a printed public health index.

Such an index would be a valuable adjunct to the cause of public health both from a national as well as an international viewpoint.

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Errata

In National and International Pharmacopoeias: A Checklist (Bulletin 40: 153–161, April 1952) line one of the International entry, page 154, should read: Pharmacopoea Internationalis, and line three of the Hungarian entry, page 157: Magyar Gyógyszer-könyv. 4. Kiadás. Line one of the Turkish entry, page 161, should read Türk Kodeski.

President's Page

WILLIAM DOSITÉ POSTELL

Our new President, William Dosité Postell, is by heritage and by education a Louisianian. Born in Plaquemine, he has lived all his life in his native state. His three degrees were received from Louisiana State University: B.S. (1930), M.S. (1932) and B.S. in L.S. (1933). He holds a certificate as a Public Librarian (1938) from the Louisiana State Board of Library Examiners and one as a Medical Librarian (1951) from the Medical Library Association.

Mr. Postell's experience has been varied. For a year he held a position as topographer for the Shell Petroleum Corporation. He served as a member of the staff of the Library of Louisiana State University, as Assistant Librarian of the Sabine Parish Library, as Librarian of the Mansfield Public Schools, and as Instructor in Library Science in Loyola University summer school before entering medical work as Librarian of the Louisiana State University School of Medicine in 1938. He also holds the titles of Professor of Medical Bibliography and Secretary to the Faculty Council in this School.

Always interested in professional activities, Mr. Postell has ever been generous of his time and energies in matters pertaining to librarianship. He has served as President of the Library Section of the Louisiana Educational Association, and of the New Orleans Library Club; as Second Vice-President, Vice-President, and President of the Louisiana Library Association and as Representative of this Association on the A.L.A. Council. In the Medical Library Association, he has served as Editor of the BULLETIN and on the Standards Committee in the development of the training and certification programs.

No such record of professional activity, however, can depict successfully the warm friendliness, unassuming generosity, and spirit of cooperation which characterize Mr. Postell's personality. His interests are as keen as they are varied, ranging from genealogy to wood-working. The latter has been put to practical use in a recently purchased home, where Mr. and Mrs. Postell and their five children share in week-end re-modeling and re-finishing.

He has for some years been a student of the history of medicine in Louisiana and has been instrumental in arousing the interest of several organizations in this subject and in the preservation of materials relating to it. He is the author of 44 papers on the history of medicine and on librarianship, as well as of three monographs: *Libraries of New Orleans* (1945), *Introduction to Medical Bibliography* (1948, 1951), and *The Health of Slaves on Southern Plantations* (1951). His experience in professional library organizations as well as in medical librarianship amply qualify him for his new duties as President of the Medical Library Association. The admiration of his associates for his industry and accomplishment is only equalled by their realization of good fortune in his willingness to assume for a year direction of the Association's activities.

MARY LOUISE MARSHALL

WILLIAM D. POSTELL

President, Medical Library Association, 1952–53

MISS BERTHA HALLAM

Medical Librarian Honored by Portland Academy of Medicine

(Full report in BULLETIN, 40: 232, April 1952)

Editorials

WHAT TRAITS SHOULD AN EDITOR HAVE?

A Signed Editorial

For the present Editor, this issue marks the end of five years of service with the Bulletin. Although custom decrees that such anniveraries be marked by some balancing of the books, some attempt to sum up the work of the period, perhaps this editor can be permitted to skip such backward glances. If the Bulletin is better than it was five years ago, that should be obvious to its readers; if it is worse, it is natural to wish to draw a veil over the whole sorry proceedings. Instead, the Editor would like to undertake the perhaps more useful task of pointing out the traits which an editor of an association bulletin, such as this one, must have to do his job well.

First of all, such an editor must have intellectual toughness. He must be able to send a manuscript back to its author completely rejected or for extensive changes when necessary to keep up the magazine's standards, even when the author is someone important in the Association or in the field. He must be tough about deadlines, extensive authors' changes in galley or page proof, and "stop-press" news which he feels can wait until the next issue.

Secondly, a good editor must know what is going on in the Association and in the general field the magazine represents, so he can "spark" discussions leading to worthwhile papers on subjects in which the magazine's readers are interested. It is as much as truism in scholarly magazines as in general publishing that the best papers are those commissioned by the editors. A good Bulletin editor must know what medical librarians and historians are thinking and doing and go after prospective authors. Manuscripts which come unsolicited are the icing on the cake; the cake itself must usually be mixed and baked by the editor himself.

Third, the editor must have patience. Authors promise papers and forget their deadlines. That most promising group for the future of the profession—new authors with their first papers—must be practically hand-fed from the conception of their idea to the inscription on their reprints. Printers have strikes, or machine breakdowns, or no Arabic type. Advertisers forget to proof-read their advertisements, yet write impolite letters when the title is spelled wrong. Querulous notes come from members whose names or addresses have been pied. And occasionally the chairman of the Publication Committee or an officer of the Association feels it his duty to dictate all the details of the journal's make-up.

Fourth, it is wise for the editor to be catholic in tastes and flexible in outlook, so that all facets of the field appear in the magazine, not just the one in which

the editor is personally interested. Unpopular views must be given a fair share of the limited space available, but the BULLETIN should never be allowed to become the Journal of the Tubthumpers' Verein. Flexibility should also appear in the arrangement of the magazine; at the same time standards of grammar, sentence structure, spelling, and bibliographic form have to be upheld.

Finally, the editor should like his work. Unless this is true, the many hours of his so-called leisure which he must give to the BULLETIN (no matter how generous the library for which he works) will be a drudgery and a martyrdom.

But why should he *not* enjoy his editorship? So far as this editor is concerned, at any rate, it is the most satisfying professional work ever undertaken. By it one comes into intellectual contact with the best minds of the profession; indeed, it even provides the illusion of having been responsible oneself for some of the ideas—or at least for their spread and the consequent forward movement of medical librarianship. It is the next best thing to actually having the good ideas oneself! And it is certainly the easiest and cheapest way to keep up with the professional literature.

It would not be fitting to close this editorial without calling attention to the work of the two associate editors of the past five years: Marie Harvin and Mildred E. Blake. It is doubtful if the Association realizes how much the BULLETIN owes to the hard work and devoted attention to details of Miss Harvin and Miss Blake. Theirs was the unglamorous, behind-the-scenes work which never gets the kudos it deserves but which is vital to the publication of the BULLETIN. It can only be hoped that future editors will be as successful in their associate editors as this one has been.

ESTELLE BRODMAN

NOMINALISTS IN MEDICAL LIBRARIES

Although six hundred years have passed since Ockham led his fight against the nominalists, many medical librarians still act as if to name an object is to explain it—nay, to solve the whole problem connected with it. Thus, it appears to be widely held—if a long string of recent articles is any indication—that talking vaguely about "the Bibliographical Problem" will define the problem precisely and lead the way to its solution. This phrase, plus a number of sentences on "Machine Methods in Bibliography," has, indeed, become the standard article on the subject in our professional literature.

Like the Irish Question of the 19th century, however, the Bibliographical Problem will not be solved by talking about it. It must be defined in detail, and the various parts of the problem examined separately and as a unit. Data must be collected bearing on the magnitude and amplitude of the problem, previous attempts at solution, and new factors which may have entered into the picture. Are there really more medical works published now than in the 19th century? How many more? In what form did the two sets of literature appear? What do

people read? How do they learn of the literature? What do they do with this information? What methods have previously been used for keeping track of medical publications? Are they still valid methods, and if not, why not? What new methods have been proposed? What, precisely, are the things which machines can do for bibliography, and can they do them better than the old methods? Are they gains in those areas which are impeding present-day medical bibliography, or are they by-the-side gains which do not hit the real problems?

All these things must be known before a solution can be found. To put blind faith in vague new machines or in the problem's solving itself without the thought and toil of those involved, Micawber-wise, is to surrender cognition. This is one of the fields where medical librarians can show their ability as thinkers, as well as doers.

Association News

SOUTHERN CALIFORNIA MEDICAL LIBRARIANS MEET AT PATTON STATE HOSPITAL

Forty-one librarians came from San Diego, Long Beach, Los Angeles, and nearby cities to attend a meeting of the Medical Library Group of Southern California, held Friday, February 8, in the Patton Hospital, Patton, California. This was the first meeting of the group outside the metropolitan area. Following a brief business meeting and a short talk by Miss Alva Klotter, Librarian of the Hospital, the group had a personally conducted tour of the Hospital led by Dr. Irving Johnson, the Director. Dr. O. L. Gericke addressed the luncheon session on the goals and program of the Department of Mental Hygiene; Dr. Francis Crowley presented a demonstration clinic at the afternoon sessions.

MEDICAL LIBRARY REGIONAL MEETINGS, PHILADELPHIA GROUP

The medical librarians of the Philadelphia Area met for the first time on November 16, 1951 for the purpose of forming a Philadelphia Group of the Medical Library Association.

Miss Janet Doe was the guest speaker and discussed the history of M.L.A., the formation of regional groups, and the aims and objectives of such groups. A resolution was adopted that such an association be formed to be known as the *Philadelphia Regional Group* with meetings to be held at least twice a year.

A chairman, vice-chairman and secretary-treasurer were elected. Dues were set at $1.00 a year.

Officers are:

Chairman, Margaret Gayley Palmer, Evans Dental Institute, University of Pennsylvania.

Vice-chairman, Elliott H. Morse, College of Physicians of Philadelphia.

Secretary-treasurer, Lucy Finkel, Hahnemann Medical College.

MEDICAL LIBRARIANS OF WASHINGTON, MARYLAND, VIRGINIA, AND WEST VIRGINIA HOLD MEETING IN WASHINGTON AREA

On Saturday, March 29, some eighty-six medical librarians from the District of Columbia, Maryland, Virginia, and West Virginia held an all day meeting in Washington and Bethesda, Maryland.

At the morning session held in the Army Medical Library Lieutenant Colonel Frank B. Rogers, Director of the Army Medical Library, presided over a panel discussion on interlibrary loan problems and procedures for medical libraries.

On the panel were: Mr. Robert B. Austin, Army Medical Library; Mr. Legare Obear, Library of Congress; Miss Muriel McKenna, Veterans Administration Central Office; and Mrs. Florence R. Kirk, University of Maryland Medical, Dental, Pharmacy Library.

Dr. Sanford V. Larkey, Librarian, Welch Medical Library, presided at the afternoon session held at the National Institutes of Health in Bethesda. Mr. Howard Ennes, Editor of the Public Health Reports, spoke on the Public Health Service Publication Program; Miss Charlotte Kenton, Army Medical Library, on New Medical Reference Tools in English; and Mr. Scott Adams, Librarian, National Institutes of Health, on Protection of Library Resources.

A steering committee was elected to plan for another meeting and to prepare a report, with recommendations, on the question of affiliation as a regional group of the Medical Library Association. Members of this committee are: Miss Elizabeth Adkins, Charlottesville, Va.; Miss Marie Harvin, Baltimore, Md.; Miss Mabel McLaughlin, Washington, D. C.; Miss Ruth Rodier, Bethesda, Md.; Mr. Kanardy Taylor, Washington, D. C.

After the morning meeting tours were conducted to the offices of the Current List of Medical Literature, the Photoduplication Laboratory, and the Public Services areas of the Army Medical Library. At the end of the day the Library of the National Institutes of Health was open for inspection. Lunch was served at Top Cottage, the guest house on the grounds of the Institutes.

News Items

PERIODICA MEDICA MUNDI DELAYED

Because of a dispute with the publishers of the prewar publication with the same title, the publication of *Periodica Medica Mundi* has been delayed.

ETHEL WIGMORE ACCEPTS NEW APPOINTMENT WITH WHO: VISITS A NUMBER OF EUROPEAN MEDICAL LIBRARIES

A recent letter from Miss Wigmore gives the following facts about her new position:

"I've become a rover librarian, i.e. library consultant for the WHO Regional Office for Europe. It is a two-year assignment under Technical Assistance, a sort of nutrition programme for malnourished European medical libraries. To put it officially—the medical literature programmes undertaken by UNRRA, the Interim Commission, WHO and other agencies have done a great deal to assist governments of war devastated countries of Europe to restore libraries in medical schools. Continued assistance is necessary. The Regional Office for Europe believes this can be directed more effectively by strengthening central library organizations and providing or expanding documentation centres designed to serve a wide area of the country. I have visited the medical school libraries in Yugoslavia and Greece and expect to go to Norway in April, to find out what the needs are, and what WHO can do to assist.

"There are five medical school libraries in Yugoslavia, all of them manned by enthusiastic librarians. Most of them hold university degrees or have had several years' university work, but not one has had any formal library training. WHO is awarding two medical library fellowships. I hope one will be able to have six months' to a year's training in the States.

"There is a great need in each library for basic books on Library Techniques and Procedures. Only one library had The Handbook of Medical Library Practice. WHO is willing to supply each library with a small basic collection of books as tools of the trade."

BIBLIOGRAPHY FOR MEDICAL LIBRARIES IN HOSPITALS

Announcement has been made that *Books and Periodicals for Medical Libraries in Hospitals* has been published by the Library Association, London, 1952. Copies may be obtained from Chaucer House, Malet Place, London, W.C. 1, at 2 shillings each. It is a bibliography designed to assist in building a basic collection in non-teaching hospitals.

NEW JOURNALS

The *Annals of Physical Medicine*, organ of the British Association of Physical Medicine, made its first appearance in February. It is published quarterly by Headley Brothers with a yearly subscription of one guinea.

The Great Ormond Street Journal, being the Proceedings of the Hospital for Sick Children, a new periodical published twice a year by K. H. Lewis & Co., was issued in June 1951. It is 7/6 d per issue.

A new quarterly devoted to research in spinal cord injury and rehabilitation for paraplegics appeared in 1951. The *Journal of Paraplegia* is published by the National Paraplegia Foundation, Broad-Grace Arcade, Richmond 19, Virginia, at one dollar per year.

Professor Seigo Funaoka has started a new series under the title *Lymphatologia*. He has been editor since 1930 of ten issues of the *Arbeiten aus der III Abteilung des Anatomisches Institutes der Kaiserlichen Universität*, Kyoto, Series D, which is also devoted to the subject of lymphatics.

The Medical and Dental Journal of the British Armed Forces will replace after July of this year the *Journal of the Royal Army Medical Corps*.

MEETING ON MEDICAL FILMS

New York Chapter, Biological Sciences Group Meeting, Special Libraries Association, was held January 30, 1952, at New York University-Bellevue Medical Center. Following a dinner at the school, Mr. William Stonebeck, of Sturgis—Grant Productions, spoke on "How Medical Films are Made," illustrating his talk with films which were produced in his studio on 1) "From one Cell," 2) "The Manual Preparation of Table Triturates," and 3) "Glaucoma —What General Practitioners Should Know."

MEDICAL SECTION OF THE LIBRARY ASSOCIATION

At the week-end conference of the Medical Section of the Library Association held at University Hall, Liverpool, from Friday evening, March 28 until Monday noon, March 31, 1952, Sir Henry Cohen spoke on "The Romance of Words: an excursion in medical semantics." Visits were made by the group to the libraries of the School of Tropical Medicine and Liverpool University.

NEW HOSPITAL LIBRARY IN LONDON

The Gowers Library was opened by Sir Gordon Holmes on November 29, 1951, at the National Hospital, Queen Square, London, W.C. 1. The library for the use of the patients and staff was made possible by bequests from Sir William Gowers' two daughters both of whom suffered from retinitis pigmentosa and devoted their lives to the welfare of others.

PERSONAL NOTES

Patricia Berkeley, formerly Librarian of the Vancouver County Medical Society Library, Vancouver, B. C., has been married to Mr. Eric Holgren of Vancouver.

Virginia Donley, formerly Librarian of Sinai Hospital, Baltimore, later with the Toledo Medical Library Association, is now Librarian of the new Mercy Hospital, Springfield, Ohio. She will organize an entirely new library.

Alba W. Eldredge is chairman of the Medical Librarians of the San Francisco Bay Area.

H. A. Izant is the newly appointed librarian of the World Health Organization, Geneva, Switzerland. Previously he was a member of the staff of the London School of Hygiene and Tropical Medicine (1936–46) and Medical Librarian of the British Council (1946–47).

William McCarthy (Minnesota) is hospital librarian, Veterans Hospital, Knoxville, Iowa.

Barbara Ringheim (Columbia '50) has gone to England as Librarian of a U.S. Air Base Hospital.

Eloise Ryan is now medical librarian at the Veterans Administration Hospital, Fort Miley, San Francisco.

Gladys V. Sanger (Columbia '39) is U. S. Army Medical Librarian in Japan.

Syble E. Tatom (M.A., Peabody '39) has been appointed librarian, Graduate Center—Pharmacy Library (Little Rock) University of Arkansas.

Marjorie Tingstad (Minnesota) is now hospital librarian, Veterans Administration Hospital, Downey, Ill.

ALBERT DAUB GOES TO BRITISH BOOK CENTRE

Mr. Albert Daub, formerly associated with Stechert-Hafner, Inc., of New York City has recently been elected President of the British Book Centre, Inc., 122 East 55 Street, N. Y. 22, N. Y.

Book Reviews and Journal Notes

HILTON, JOHN. *Rest and Pain.* Newly edited by E. W. WALLS AND ELIOT E. PHILIPP . . . in collaboration with H. J. B. ATKINS. Philadelphia, Lippincott, 1951. 503 p. illus. $10.00.

This book reveals anew what may be accomplished by clear thinking. To read it in our time, in which a lack of this mental clarity allows the misuse of the new wonder drugs just as the medieval physician misused his purgatives, is refreshing.

It is a good book for both the practicing physician and the student. The former will be reminded of the degree to which the welfare of the patient is dependent upon his own clear thinking, and the book may inspire him to preserve this mental attitude. To the student this book may suggest that all knowledge, not excluding that of our times, is subject to change. This is a fact, which it seems to me, he is liable to overlook. A mental attitude similar to Hilton's might prevent misusage of obscure test-tube tests or supermodern but fashionable gadgets in diagnosis and treatment. The book also shows the importance of thorough anatomical knowledge and that healing is an art.

The first edition of *Rest and Pain* was published nearly a hundred years ago. The ten reprint editions up to 1930 indicate clearly that its reputation as a classic in the surgical field is deserved. The present edition is a revised one. The revision has been restricted to footnotes and appendices; the text is still pure Hilton. A biographical sketch of Hilton serves as introduction. The main part of the book consists of the 28 lectures given by him before the Royal College of Surgeons in the years 1860, 1861, and 1862. In the present edition each lecture is followed by an appendix in which those statements which subsequent development have proved erroneous are corrected and the modern knowledge supplied. This treatment contributes to the enjoyment of the book for the less specialized reader. The biographical index provided makes a similar contribution.

The lectures deal with a variety of anatomical facts and surgical cases. It would be impossible to evaluate all the details here; however, a few of the topics may be selected in order to show the wide range of Hilton's observation and thinking. The application of rest to inflamed and suppurating joints may be mentioned, also the introduction of the use of the closed blades of a dressing forceps for the careful opening of abscesses. Other items are Hilton's enlistment of gravity for promoting the drainage of abcesses, and the "figure of 8 bandage" used in his treatment of carbuncles of the neck. His method of blocking nerves in cases of referred pain with hyperalgesia and hyperaesthesia by rubbing a

strong solution of opium into the skin in order to anaesthetize the nerves involved was also an innovation. A difficult case of vaginism he heals in quite a modern way by the practical application of conclusions drawn from his conception of conditioned reflexes. Hilton also observes that a change of occupation acts as a form of rest and that the influence of a green painted ceiling on a patient confined to bed is a peaceful one.

One also finds some incongruous statements, such as his assumption that gray hair at the temple was caused by a decayed molar in the lower jaw on the same side. On the other hand Hilton's conception regarding the cerebro-spinal fluid is remarkably close to the views held today.

The book contains a wealth of similar interesting facts. As they appear here they may not seem impressive, but one must remember that Hilton obtained his knowledge and results without a laboratory, without an X-ray apparatus, without even the help of a thermometer. His results were achieved mainly through the application of his strong power of observation and his clear logical thinking. In the expression of this latter this reviewer finds the main value of the book.

To read this book does require a little intellectual effort. Admittedly some paragraphs may be of little interest to those who are neither surgical nor anatomical specialists. In spite of this it can be recommended, if only for the intellectual pleasure of participating in the precise thinking of an excellent mind.

SIGFRID ZITZLSPERGER, M.D., Dr.Med. Habil.

RODDIS, LOUIS H. *James Lind: Founder of Nautical Medicine.* New York, Henry Schuman, Inc., 1950. 177 p., cloth, $3.00.

James Lind, Scottish naval surgeon of the eighteenth century, has been called the "father of naval hygiene," the "founder of nautical medicine," and the "Hippocrates of naval medicine." His achievements are many and well documented, outstanding among them being his work on the treatment and prevention of scurvy, which laid the foundation for the virtual elimination of this scourge from the Royal Navy. Of the man not so much is known, but of the times in which he lived and of life at sea in the wooden-ship, muzzle-loading-gun navy of 200 years ago there is a rich heritage of knowledge, and Captain Roddis has done well in bringing it to life. In fact he is sometimes too nautical.

The author does not write with facility and smoothness. And he has stopped just at the point where his research, however fascinating, might be turned into an able biography. From these factual beginnings not only might a more stirring account of the life of the seafaring Doctor Lind be written, but many additional historic tales of nautical medicine be conceived. It is hoped, however, that Dr. Roddis will continue to write on naval medicine history, for the material is rich and the author's background and interest in the subject are large.

Despite the literary and organizational deficiencies of this work, it is a fascinating account of life at sea in the mid-nineteenth century, of the influence of the dreaded plagues at sea on the entire history of civilization, of the pioneer efforts of a few men to penetrate the abyss of ignorance regarding hygiene and epidemiology with scientific research, and of the beginnings of preventive medicine. The story of James Lind is only another which proves that great physicians of real life are incomparably more thrilling than those of fiction, and nautical ones more captivating than a Captain Hornblower.

SYLVIA GOTTWERTH

TUBBS, F. A. *Use of Libraries.* St. Thomas's Hospital Gazette, 49: 208–216, Dec. 1951.

This is the text of a lecture to new medical students by the School Librarian of St. Thomas's Hospital in London. As such it is interesting to compare it with the American counterparts, such as those by Postell, Cunningham, and Marshall, for in such a comparison many differences between British and American medical libraries appear which would ordinarily not be seen. At the same time the fundamental similarity of the two organizations—based upon the obvious fact that both are trying to answer the same needs—becomes clear.

The lecture is divided into three parts: a history of the library, a discussion on how to use it, and a section on medical bibliography. The middle section can be disposed of most quickly; it contains the usual information about the hours the library is open, the circulation rules, periodical arrangement, use of the catalog, microfilms, and interlibrary loans.

It is, however, in the first and third portions that this lecture varies so decidedly from its American counterparts. What American medical school librarian, for example, would apologize for the fact that his library contained no works earlier than the 16th century, and explain this by reminding his listeners that the Hospital library collections "were surrendered in 1540 as part of the dissolution of the monasteries" or that the hospital library was first opened to students in 1667? Here is a perspective which the younger institutions in America will certainly envy, even as they marvel at the treasures mentioned in the 15,000 volume collection (some of them pictured in the text).

Perhaps the most unusual part of Mr. Tubbs' lecture is his "Genealogy of Medical Bibliography," which, by means of a chart and description, attempts to trace our present bibliographical tools in direct descent from Haller's *Bibliothecae.* It would be unfair to give Mr. Tubbs' interesting outline here, but even a chauvanistic American must be surprised by the importance given to such minor American publications as the Army Medical Library's *New Books and Serials* or its bibliography on ACTH. Where, indeed, are *Excerpta Medica,* the German *Zentralblätter,* and such British publications as *Abstracts of World Medicine?*

In so excellent a presentation, it seems narrow-minded to call attention to errors of detail, but since bibliographic slips somehow manage to be copied from publication to publication, it seems best to try to extirpate them immediately. The *Index-Catalogue* has, of course, not gone beyond volume 10, series 4, 1948. *New Books and Serials* changed its name to *Selected Acquisitions* early in 1951, then ceased in August of that year. The Army Medical Library Annual Catalog now contains a subject index; the 1951 volume will be both an author and a subject catalog. These are merely details, however, which irritate the reader, but do not detract from the interest in the whole lecture.

ESTELLE BRODMAN

COLLISON, ROBERT L. *Bibliographies, subject and national; a guide to their contents, arrangement and use.* New York, Hafner, 1951. 172 p. $3.00.

This is a good selective bibliography but a very limited one. In each field it lists only a few titles, and those the best known and most easily accessible ones. Only ten are included in the section on Medicine, most of them familiar to all medical librarians. The annotations are brief, but clear and accurate. There are eight charts, arranging subdivisions of a field in order under the larger heading, and a good alphabetical index, of subjects only.

Although the author is British, he is not unaware of American and continental works and his book is not unfairly weighted in favor of British materials. His wide acquaintance with bibliographies in many fields is based on experience as a staff member or research worker in several great libraries in England. He has, as well, a love for a bibliography as both a treasure-house of knowledge and a key to further treasures. At the present time Mr. Collison, a Fellow of the Library Association (British), is Reference Librarian of the City of Westminster. The book's value to a medical library is simply that of any "bibliography of bibliographies," one more list which may contain the very key one needs to open the door to some particularly desired bit of knowledge.

JEANETTE BEEBE

TURNER, CLAIR E. *Community Health Educator's Compendium of Knowledge.* St. Louis, C. V. Mosby Company, 1951. 266 p. $3.00.

This book is to a large extent what the first letters of each word in its title imply—a small handbook on the principles and procedures of health education to serve as a device whereby the health educator can periodically check his or her plans and methods.

The book is divided into three sections, each of which approaches the subject matter differently. Part I presents basic principles of health education briefly in outline form with occasional check lists provided, with which the reader may compare his or her activities. Part II deals with the fundamental principles of working with other people, particularly slanted toward the type of community

organization with which the health educator must deal. Brief discussions are interspersed with lists of factual data and check lists.

Part III presents a considerable amount of factual information on the media of group communication including the latest addition, television. A limited number of illustrations are included. A short appendix gives sources of printed and visual material available to the health educator. This list should be of considerable use to many workers in the field of health. The author has condensed a great deal of information into a very small volume, but there is the possibility that the result is not comprehensive enough for the expert in the field, and too brief for the average health worker seeking assistance in the techniques of health education.

JOSEPH H. MCNINCH, Col., M.C., U.S.A.

A Bibliography of Infantile Paralysis, 1789–1949, with Selected Abstracts and Annotations. Prepared under direction of the National Foundation for Infantile Paralysis, Inc., edited by MORRIS FISHBEIN AND ELLA M. SALMONSEN, with LUDVIG HEKTOEN. Second edition. Philadelphia, J. B. Lippincott, 1951. 899 p. $16.00. Rag paper $20.00.

Within the covers of this heavy volume there lies the record of 160 years of searching for the cause and cure of a universal and baffling disease. The end of the search is not yet in sight, but a bibliography such as this one provides the physician, nurse, and laboratory worker with easy access to the literature and serves as a sort of springboard which should speed their progress towards the goal. It is a volume to be acquired by even the smallest medical library. It would be valuable in a public library because it contains many references to authoritative articles written for the layman.

The tremendous amount of careful labor which has been expended is apparent to anyone who has attempted even far smaller bibliographical projects. The first edition, published in 1946, contained 8,320 references and 672 pages; there are 10,367 references and 899 pages in the present edition which is as up to date as a printed volume of its complexity can be.

There are abstracts of most of the references, varying in length from one sentence to a full column. These provide enough information to save many a reader the search for original articles and to bring the content of foreign literature to those who cannot make use of the originals. It is to be regretted that not all of the foreign literature is abstracted; however, translations of all foreign titles are included.

It is more regrettable that much of the foreign literature is not cited at all. A spot check of the Army Medical Library's Subject Index (the card file which supplements the printed volumes of the *Index-Catalogue of the Library of the Surgeon General's Office* to April 1950) indicates that much of the recent foreign literature has been omitted. The Subject Index apparently was not searched

in the course of gathering the references. In a volume of such world-wide usefulness, one would like to find a world-wide coverage. The reviewer has used the indexes with ease and likes the separation of authors from subjects. It is noted that the complete paging of an article is not always given; in view of the general use which is now made of photoduplicates, it would seem expedient to include full paging. The typography is splendid, the double-columned pages are easy to read, and the individual references, with numbering and authors' names in bold-face type, are located readily.

MARY E. GRINNELL

Obituary

LILLIA M. D. TRASK, 1873–1952

Miss Lillia M. D. Trask, Librarian of the Rockefeller Institute for Medical Research, New York, from 1911 to 1938, died at Vineyard Haven, Mass., on February 8, 1952, following a cerebral vascular accident. Miss Trask would have celebrated her 79th birthday on February 12.

In the light of today's highly specialized training, Miss Trask's preparation for a career outstanding in two fields of library work was short. She attended Bryn Mawr College in 1892/93 and in 1906 took a short apprentice's training course at the Orange Free Library, Orange, New Jersey. She started her library career, at the age of 33, in the Children's Room of that library, but word of the exceptional job that she was doing reached the head of the Children's Department of the New York Public Library who invited Miss Trask to join the staff. In New York her work was almost exclusively with children on the Lower East Side, at the Chatham Square and the Seward Park Branch Libraries. In 1911 she was approached by Dr. Simon Flexner, the Director of The Rockefeller Institute for Medical Research, to become its librarian. With apparently grave misgivings as to her ability to succeed in a field so far removed from her experience she did accept and on August 28, 1911, entered upon her second career, that of a medical librarian.

The Rockefeller Institute, the first of its kind in this country, had been in existence only five years and had a library of approximately 5000 volumes. It offered an opportunity for which Miss Trask's talents were eminently suited. With rare insight she realized that existing library practices would not suffice for this type of library. She believed that the library was a tool, like the laboratory, provided to further the cause of research and the librarian, not a custodian, but the instrument by which this tool could be put to work for those for whom it was provided. With her abounding energy, which never flagged until her fatal illness, she set to work to devise library methods to fit the new requirements, with the result that many of her innovations are today accepted procedure for this type of library.

Miss Trask began her affiliation with the Medical Library Association in 1916 when The Rockefeller Institute was admitted to membership. She was a member at the time of her death and until her retirement in 1938 had participated actively and enthusiastically in Association affairs. Among many services which she rendered two were outstanding. She was the Chairman of the Committee to Consider the Compilation of a List of Health Works Recommended

for Lay Reading and was a member of the Special Committee on a Medical Library Handbook. She collaborated with Miss Eleanor Fair to write the chapter on Pamphlets and Pictures, Maps and Microfilms in *A Handbook of Medical Library Practice.*

The influence of Miss Trask's strong personality and her high ideals of loyalty and service extended much farther than she ever knew, not only through those who received their training under her, but also through the many who sought her advice.